

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190				30		1	24
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Parenchymatous Nephritis	How long	6 months
Immediate	Coma	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Mary A. Laughlin M.D.	
Address		Hagerstown	
Accident or Suicide?			

Broadfording

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bridgeport</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1907</i> Month <i>January</i>	Day <i>28</i>	Age <i>64</i> Years	Months <i>6</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>Irish</i>		Birthplace <i>Sharpsburg</i>		
Occupation <i>Blacksmith</i>	Where Residing if not at place of death <i>Bridgeport</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Cornelia M. Beeler</i>				
Father's Name <i>Peter Beeler</i>	Father's Birthplace				
Mother's Maiden Name <i>Elizabeth Beeler</i>	Mother's Birthplace				
Name of person giving information <i>Cornelia Beeler</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sudden death probably</i>	How long	<i>-</i>
Immediate	<i>due to dilatation of the heart.</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. M. Garrett,</i>
		Address	<i>Sharpsburg,</i>
			<i>Cal.</i>
Accident or Suicide?	<i>No.</i>		

R. S. M. Hoffman
Funeral Director

Name
in
Full

Hazel Virginia Belt (Illegitimate)

CERTIFICATE OF DEATH

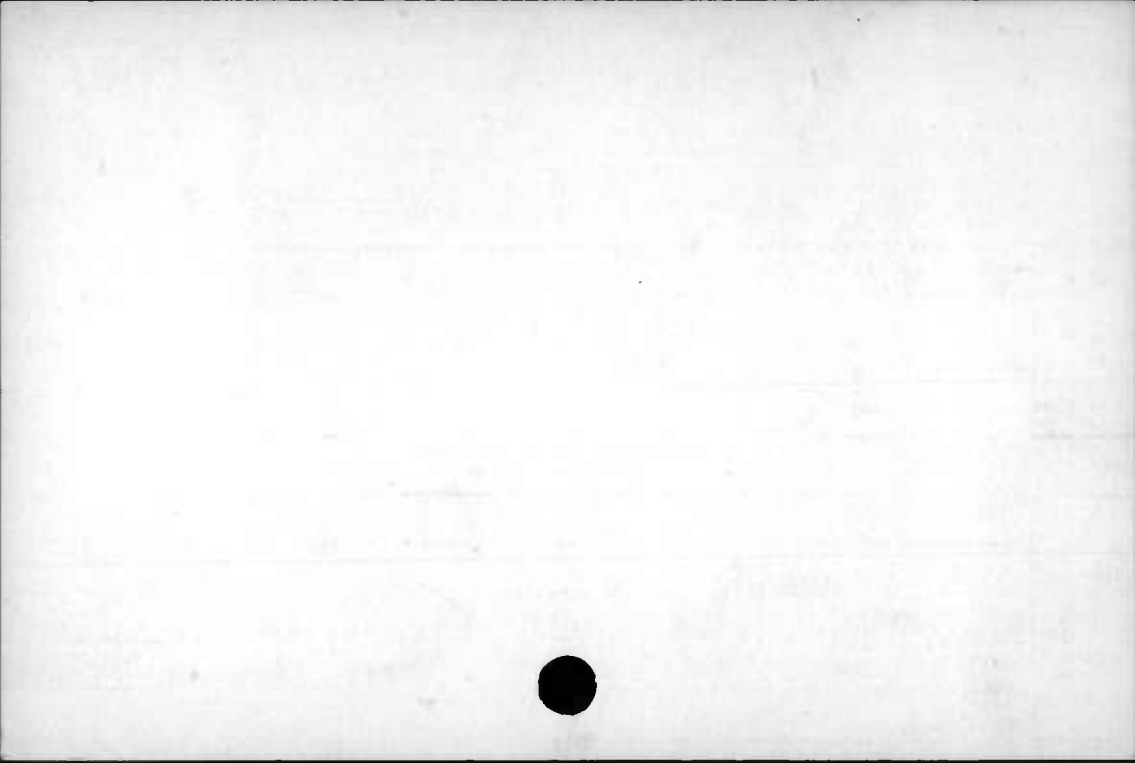
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eagle Mill</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month	<u>1</u>	Day	<u>8</u>
Age		<u>—</u>		Years	<u>3</u>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Eagle Mill</u>
Occupation		<u>None</u>			
Where Residing if not at place of death		<u>" "</u>			
Married, Single or Widowed		<u>Single</u>			
Name of Wife or Husband		<u>—</u>			
Father's Name	<u>Thomas Belt Col.</u>			Father's Birthplace	<u>Med. > Potosi Md</u>
Mother's Maiden Name	<u>Violette Calaman</u>			Mother's Birthplace	<u>Med.</u>
Name of person giving information	<u>John R Brown</u>			How related to deceased	<u>Wife's Brother</u> <u>husband</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>—</u>	How long	<u>—</u>
Immediate	<u>Transition</u>	How long	<u>3 months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>No physician in attendance</u>
Address		<u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

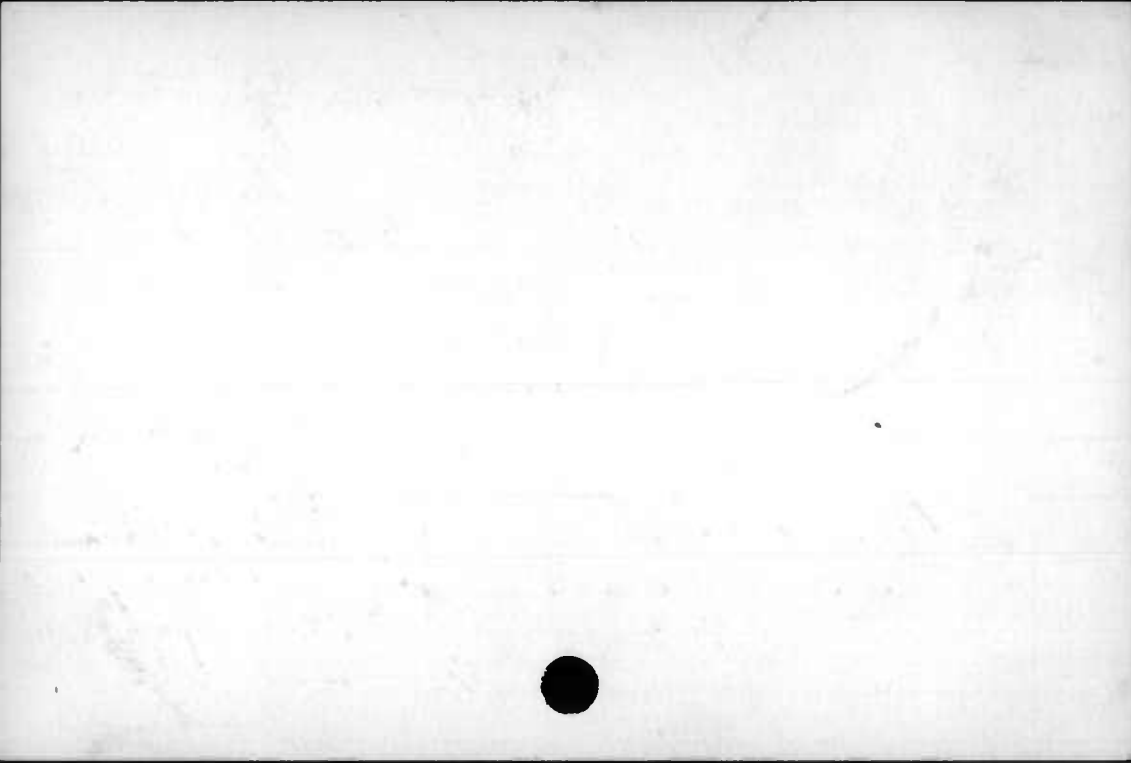
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frankstown</i> ^{Town} <i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>1</i> Month <i>10</i> Day <i>5-8</i> Years <i>7</i> Months <i>26</i> Days		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Frankstown</i>	
Occupation <i>Blacksmith</i>	Where Residing if not at place of death <i>Frankstown</i>		
Married, Single <i>Married</i> or Widowed	Name of Wife or Husband <i>Jacob H. Birely</i>		
Father's Name <i>Jacob Birely</i>	Father's Birthplace		
Mother's Maiden Name <i>Amelia Erick</i>	Mother's Birthplace		
Name of person giving information <i>Mrs. G. Birely</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright disease</i>	How long <i>2 years</i>
Immediate <i>Endocarditis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. J. Weinger</i>
	Address <i>Frankstown</i>
Accident or Suicide?	<i>Heed</i>



Name
in
Full

George Edward Bower

CERTIFICATE OF DEATH

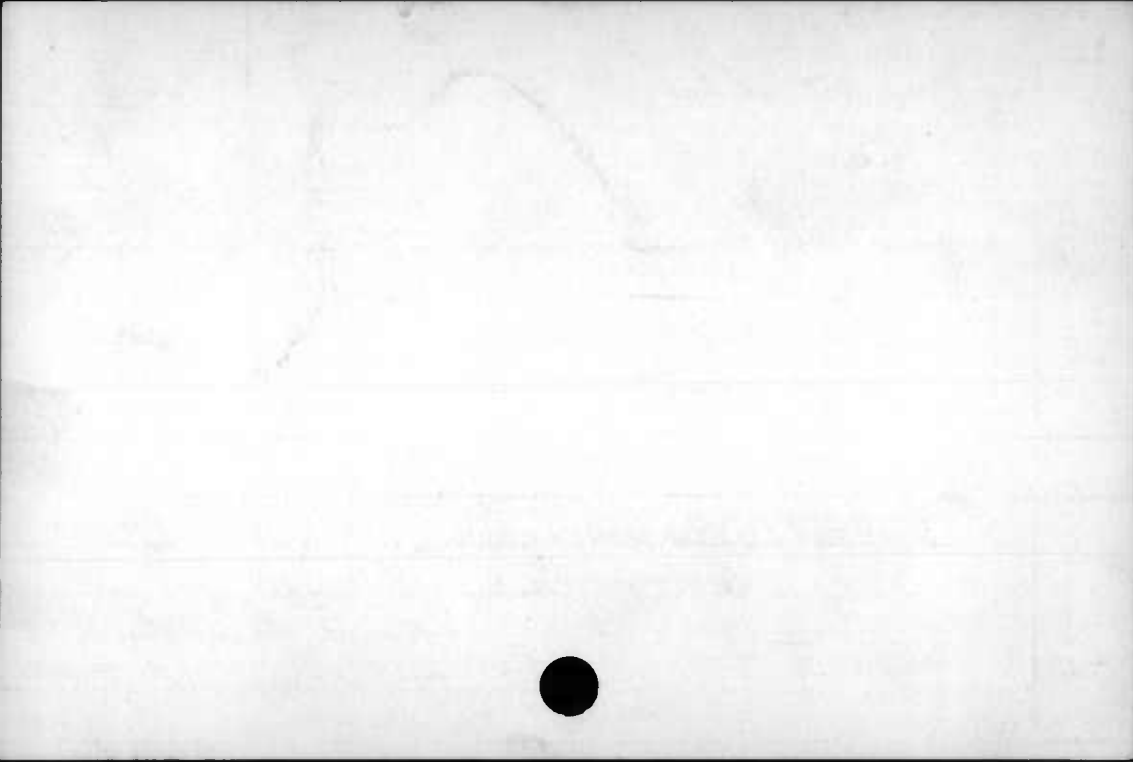
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Wash.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>27</i>	Age <i>37</i>	Years	Months
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>Plumber</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Andrew Bower</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Helena Lippel</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Frederick Bower</i>		How related to deceased <i>brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>One yr</i>
Immediate <i>Exhaustion Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. Fitzgerald</i>
	Address <i>Hagerstown md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Goldie Bowman

CERTIFICATE OF DEATH

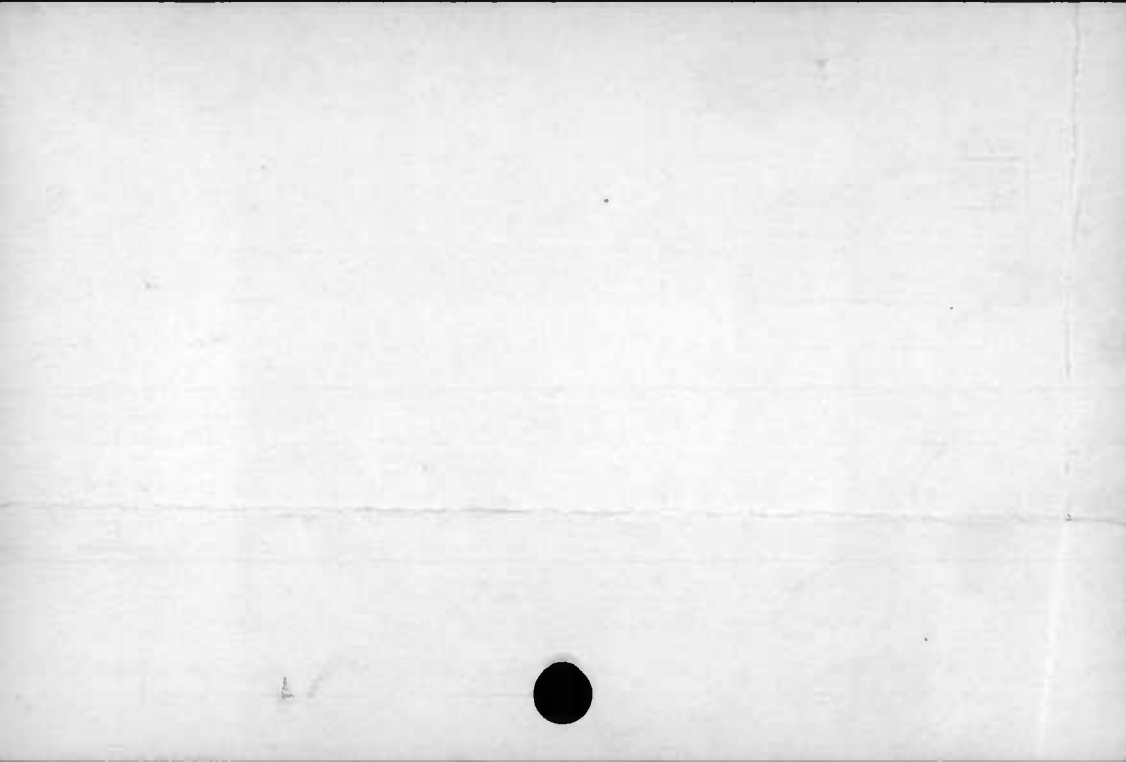
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Smithburg</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death 190	7	Month	1	Day	7	Age	16
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place		<i>Euclid</i>	
Married, Single or Widowed <i>Single</i>		Occupation		<i>Housekeeper</i>			
Name of Wife or Husband							
Father's Name <i>Saml Bowman</i>				Father's Birthplace <i>Euclid</i>			
Mother's Maiden Name <i>Joan Ferris Loms</i>				Mother's Birthplace <i>Euclid</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>One Year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James H. Watson M.D.</i>	
yes		Address <i>Thousand M.D.</i>	
Accident or Suicide <i>No.</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Bowman		Town Hagerstown		County Wash.		State MARYLAND	
Died at Hagerstown		Month 1		Day 13		Year 1907	
Date of death 1907		Age 68		Months 11		Days 9	
Sex male		Color or Race white		Birth-place Md.			
Occupation Retired Farmer		Where Residing if not at place of death 					
Married, Single or Widowed married		Name of Wife Caroline Bowman					
Father's Name Samuel Bowman		Father's Birthplace Md.					
Mother's Maiden Name Nancy Mack		Mother's Birthplace "					
Name of person giving information Eavey Bowman		How related to deceased son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Lobar Pneumonia	How long 4 days
Immediate Exhaustion & Endocarditis	How long " "
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Victor Driellen Jr.
	Address Hagerstown Md.
Accident or Suicide? no	

Mapleville

Name
in
Full

Mary Regina Bowman

CERTIFICATE OF DEATH

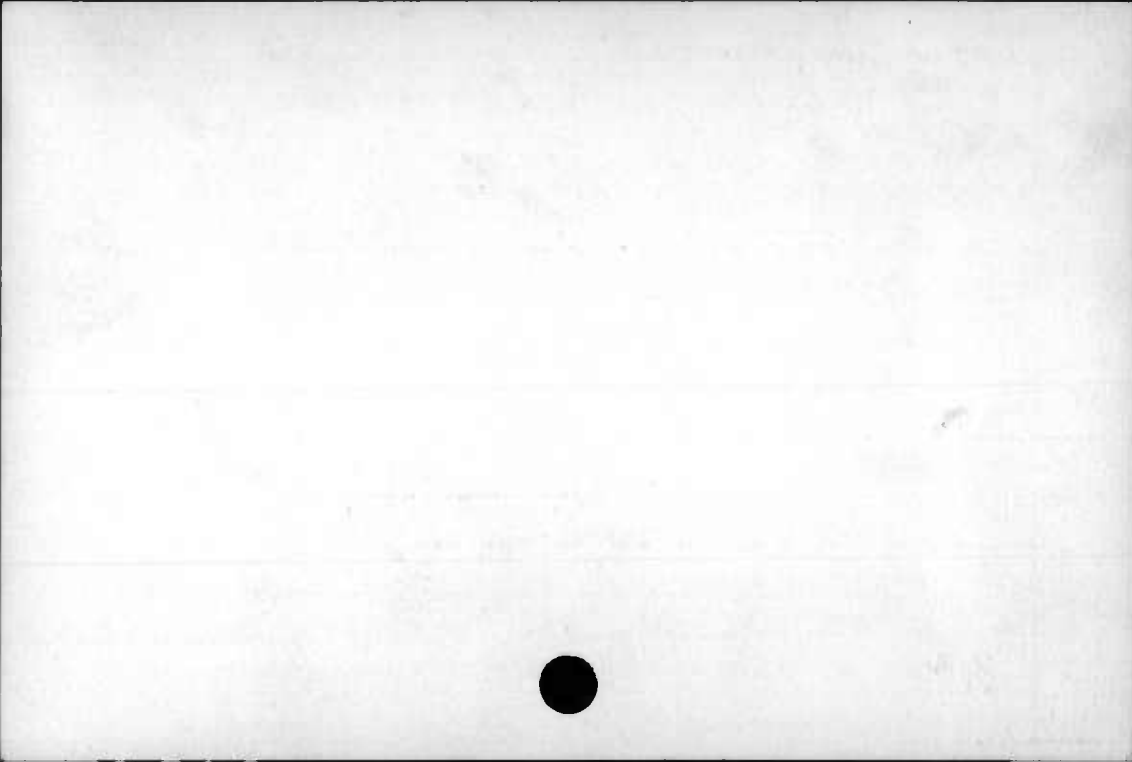
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Wash</u> ^{County}		MARYLAND	
Date of death	190 <u>4</u> ^{Month}	<u>1</u> ^{Day}	Age <u>1</u> ^{Years}	<u>5</u> ^{Months}	<u>7</u> ^{Days}
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>md.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Charles E. Bowman</u>	Father's Birthplace <u>md.</u>				
Mother's Maiden Name <u>Nettie Flautt</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>C. E. Bowman</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diphtheria</u>	How long <u>3 days</u>
Immediate <u>Toxaemia</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Daniel G. Crutkins</u>
Address <u>Hagerstown md</u>	
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Robert A Burkitt*Died at *Hagerstown* TownCounty *Washington*

MARYLAND

Date of death *1907* Month *12* Day *21*Age *1* YearsMonths *3*

Days

Sex *Female*Color or Race *White*Birth-place *VA*Occupation *_____*Where Residing if not at place of death *Hagerstown*Married, Single or Widowed *Single*Name of Wife or Husband *_____*Father's Name *Charles Burkitt*Father's Birthplace *MD*Mother's Maiden Name *Neena Cromer*Mother's Birthplace *VA*Name of person giving information *Chas Burkitt*How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Probably Meningitis*How long *2 weeks*Immediate *Convulsions*How long *1 hour*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. Roger Laughlin**_____*Address *446 N. Franklin St.*Accident or Suicide? *No**Hagerstown MD*

AK Efferson

Name
in
Full

Samuel Caution

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clearspring</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month}	<i>1</i> ^{Day}	Age <i>44</i> ^{years}	<i>27</i> ^{Months}	<i>—</i> ^{Days}	
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Pa</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Milsons Dist</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Samuel Caution</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Martha Wolf</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Samuel Caution</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Alcoholism & Pulmonary Congestion</i>	How long <i>1 week</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>

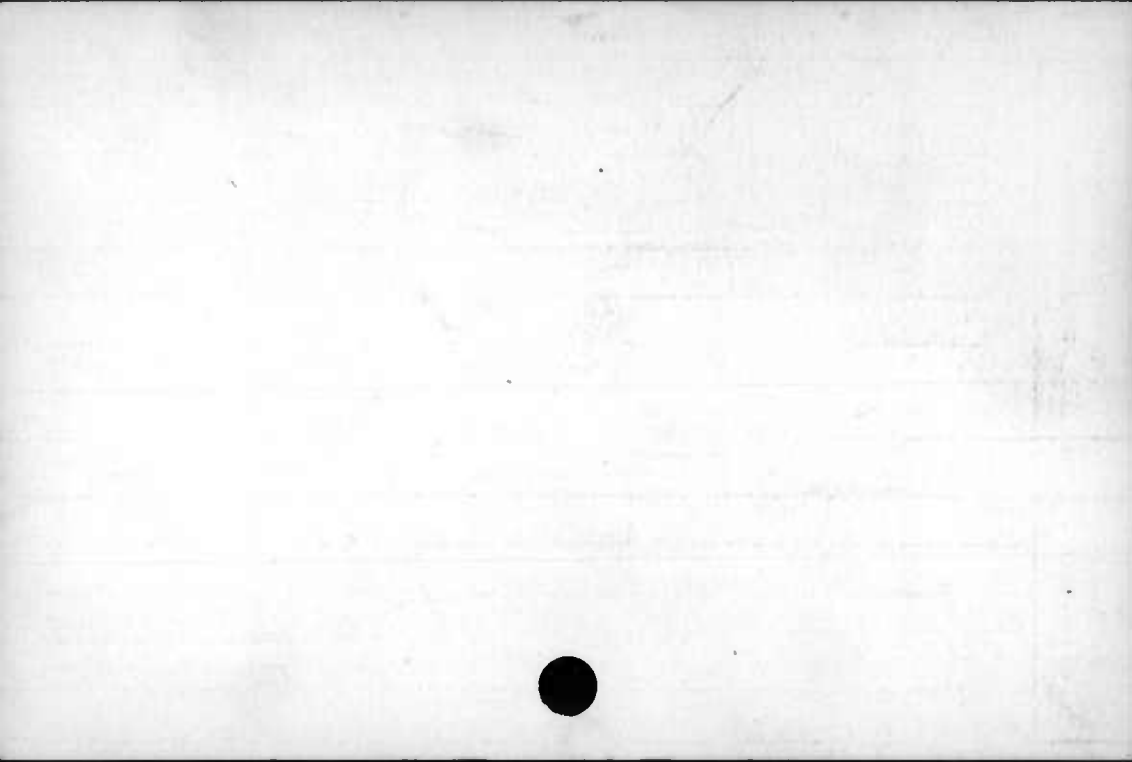
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas T Mason, M.D.
Clearspring
md

Accident or Suicide?



Name
in
Full

Mary A Churchay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sharpsburg</u> ^{Town}		<u>Washington</u> ^{County}		<u>State</u> MARYLAND	
Date of death	1907	Month	1	Day	4
Age	49	Years	11	Months	11
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Earles Mills</u>
Occupation	<u>House Wife</u>	Where Residing if not at place of death		<u>Sharpsburg Md</u>	
Married, Single <u>or Widowed</u>	Name of Wife or Husband		<u>Otto Churchay</u>		
Father's Name	<u>Abraham Griffith</u>			Father's Birthplace	<u>Earles Mills</u>
Mother's Maiden Name	<u>Dont Know</u>			Mother's Birthplace	<u>Dont Know</u>
Name of person giving information	<u>Otto Churchay</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Valvular Heart Disease</u>	How long	<u>Several years</u>
Immediate	<u>Chronic Nephritis</u>	How long	
Are the name, age, sex; color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. M. Garrett</u>
		Address	<u>Sharpsburg, Md.</u>
Accident or Suicide?	<u>No</u>		

L E Sumner & Son

Undertakers

Kearneysville

W. Va.

Name
in
Full

CERTIFICATE OF DEATH

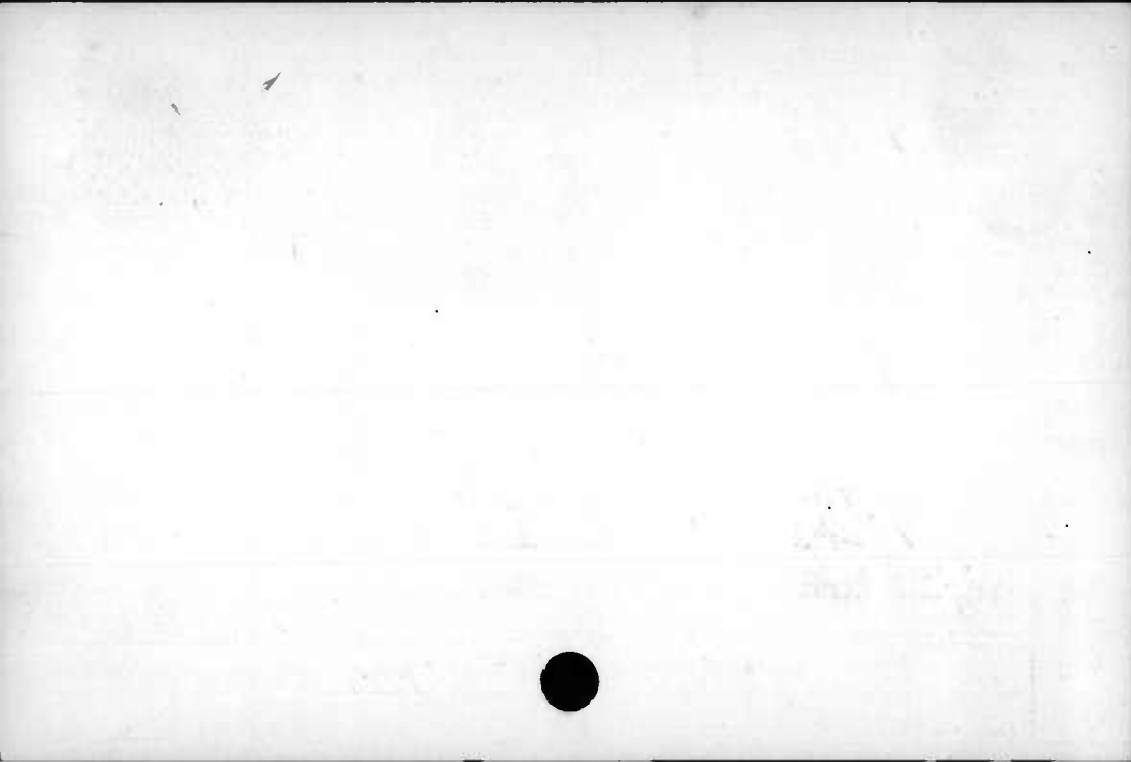
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Malinda Clark</i>		Town <i>Smoketown</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Month <i>1</i>		Day <i>17</i>	
Sex <i>female</i>		Color or Race <i>Colored</i>		Age <i>30</i>		Months <i>4</i>	
Occupation <i>Seamster</i>		Birth-place <i>Smoketown</i>		Where Residing if not at place of death <i>Smoketown</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Otto Clark</i>					
Father's Name <i>Michael Taylor</i>		Father's Birthplace <i>Beaver creek</i>					
Mother's Maiden Name <i>Reliea Games</i>		Mother's Birthplace <i>Hagerstown</i>					
Name of person giving information <i>Michael Taylor</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Peritonitis</i>	How long	<i>11/6</i>	How long	<i>6 months</i>
Immediate	<i>Heart Failure</i>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr Davis</i>			
		Address <i>Bozboron</i>			
		<i>md</i>			
Accident or Suicide?					



Name
in
Full

Hampton C. Cosrus

CERTIFICATE OF DEATH

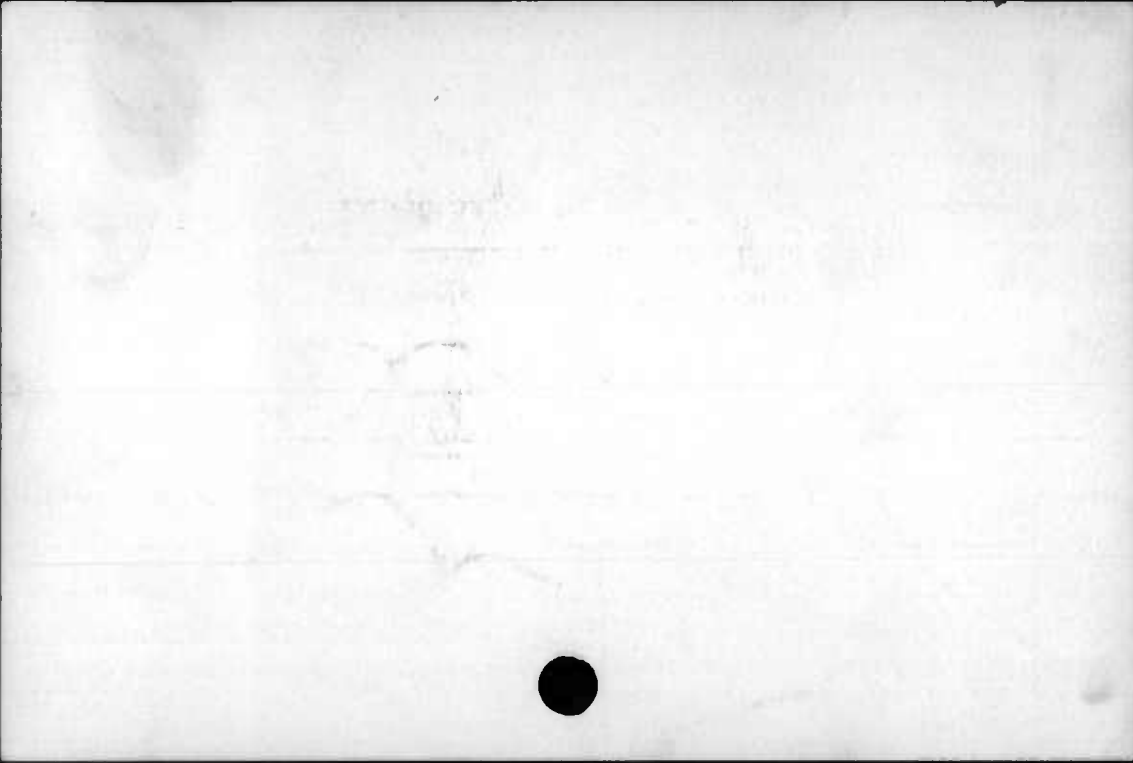
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County <i>Wash.</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>1</i>	Day <i>29</i>	Age <i>Still Born</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>J. Hampton Cosrus</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Annie M. Moon</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>J. H. Cosrus</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>M. B. Moon</i>
	Address <i>Hagerstown md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Leonard Dubrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beaver Creek</i>		County <i>Wash. Co</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan.</i>	Day <i>18</i>	Age <i>90</i>	Months <i>5-</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Fred. Co</i>			
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Beaver Creek</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emily</i>				
Father's Name <i>Jacob Dubrow</i>	Father's Birthplace <i>Fred Co</i>				
Mother's Maiden Name <i>Beast</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Samuel Dubrow</i>	How related to deceased <i>Son</i>				

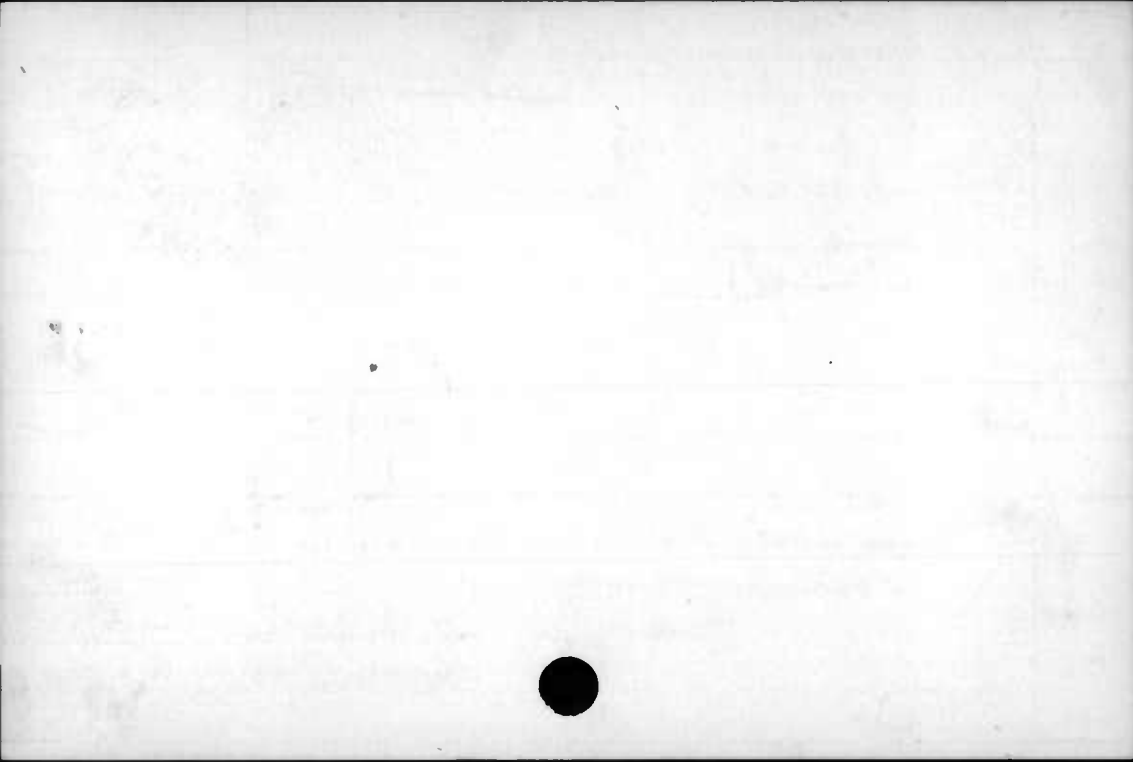
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>154</i>
Immediate <i>Guil Debility</i>	How long <i>---</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. S. Davis</i>
	Address <i>Boonsboro</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND
	Date of death <i>1907</i>	<i>1</i> <small>Month</small>	<i>24</i> <small>Day</small>	<i>26</i> <small>Years</small>	<i>-</i> <small>Months</small>
	Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Na</i>		
	Occupation <i>Housework</i>	Where Residing if not at place of death			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name <i>William Early</i>	Father's Birthplace <i>Na</i>			
	Mother's Maiden Name <i>Minnie Cole</i>	Mother's Birthplace <i>Na</i>			
	Name of person giving information <i>Minnie Early</i>	How related to deceased <i>Mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Pneumonia</i>		How long	<i>3 days</i>
	Immediate	<i>Cardiac failure</i>		How long	<i>1 day</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>D. M. Longmire</i>	
	Accident or suicide?		<i>No</i>	Address <i>Hagerstown</i>	



Name
in
Full

CERTIFICATE OF DEATH

Mary Jane Gilbert-

Town

County

Died at

Boonsboro

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

June

10th

Age

73

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Hair Worker

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

David Gilbert-

Father's
Birthplace

Pa-

Mother's
Maiden Name

Sarah Young

Mother's
Birthplace

Md-

Name of person giving
information

George W. Gilbert-

How related
to deceased

Brother

CAUSES OF DEATH

Primary

La Grippe

How long

7 days

Immediate

Pneumonia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. C. Wheeler

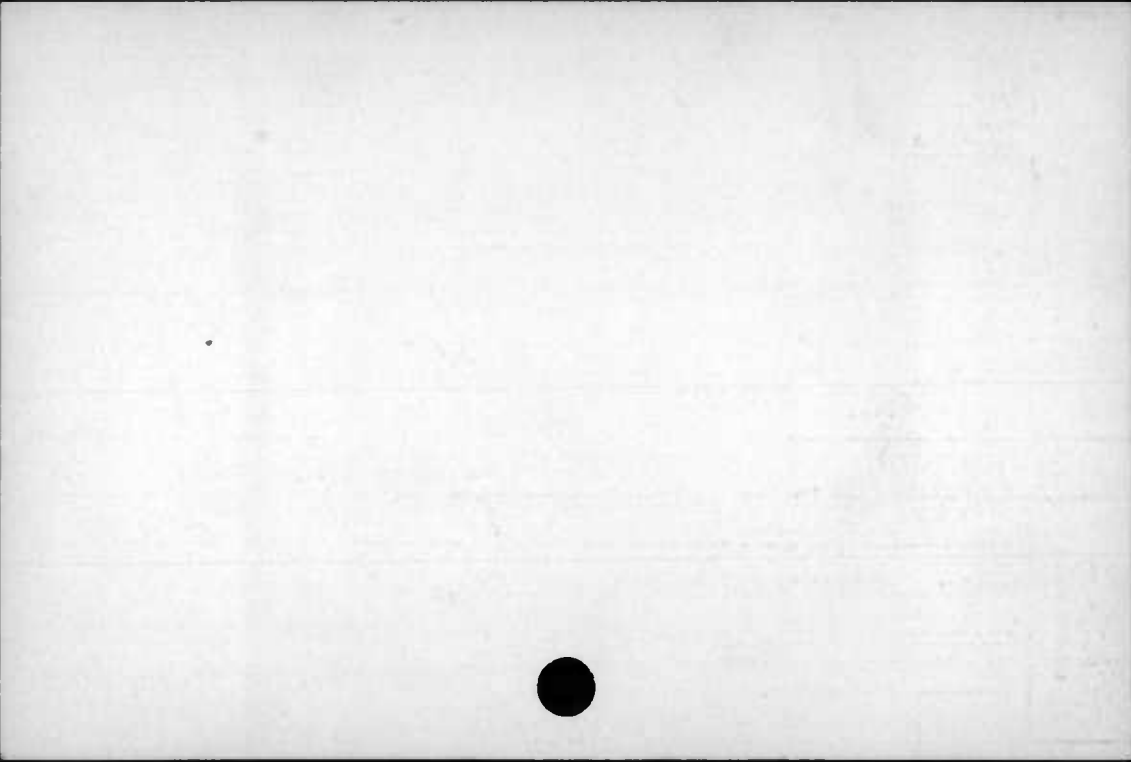
Address

Boonsboro Md-

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Lida Mae Greenwalt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown ^{Town} Washington ^{County}
Date of death 1907 ^{Month} 1 ^{Day} 25 ^{Years} 10 ^{Months} 6 ^{Days} 20
Sex Female **Color or Race** White **Birth-place** MD
Occupation _____ **Where Residing if not at place of death** _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Hubert E. Greenwalt

Father's Birthplace

Pa

Mother's Maiden Name

Margery Millito

Mother's Birthplace

Pa

Name of person giving information

H. E. Greenwalt

How related to deceased

Father

CAUSES OF DEATH

Primary

Diphtheria

How long

5 days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

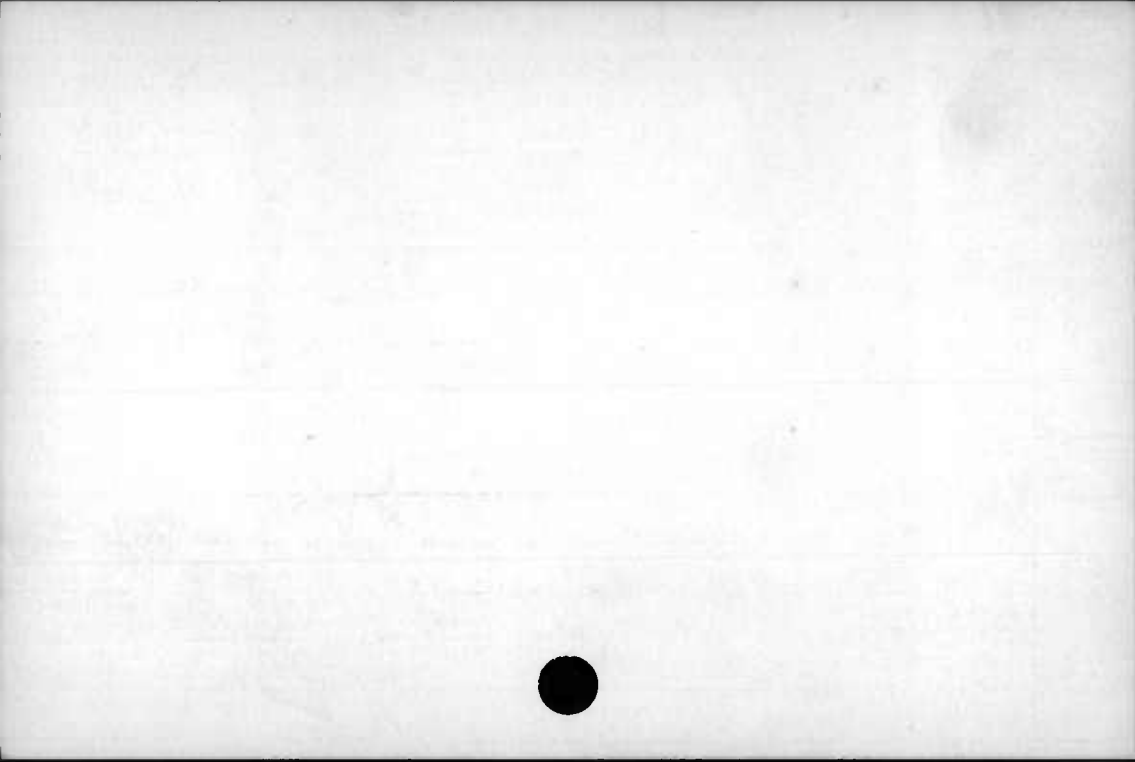
Signature of Physician

Address

W. O. Rogers
Hagerstown, MD

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Harris

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1907	Month	1	Day	14
Age	32	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	md
Occupation	Laborer		Where Residing If not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Cora L Brown		
Father's Name	Solomon Harris		Father's Birthplace	Va	
Mother's Maiden Name	Elizabeth Lyles		Mother's Birthplace	md	
Name of person giving information	Cora Harris		How related to deceased	Wife	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Found dead Cause unknown</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>Elias B. Hattle</i>
		Address	<i>Hagerstown, Md</i>
Accident or Suicide?	no		

Edwin
Hogarty

Name
in
Full

Christiana Hatzel

CERTIFICATE OF DEATH

State
MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sharpsburg		County Washington		State MARYLAND	
Date of death		1907	Month 1	Day 3	Age 89	Years 7	Months 17
Sex Female		Color or Race White		Birth- place Beaver Creek			
Occupation None		Where Residing if not at place of death Sharpsburg					
Married, Single or Widowed		Name of Wife or Husband Gottlieb F Hatzel					
Father's Name Mr Ridman		Father's Birthplace Beaver Creek					
Mother's Maiden Name Don't know		Mother's Birthplace Don't know					
Name of person giving In formation Mrs Showman		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	How long	
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. Stewart Gardner	
		Address Sharpsburg Md	
Accident or Suicide?			
No			

L E Sumner Son
Undertakers
Kearneyville
mo

Name
In
Full

Christine Anna Hockley

CERTIFICATE OF DEATH

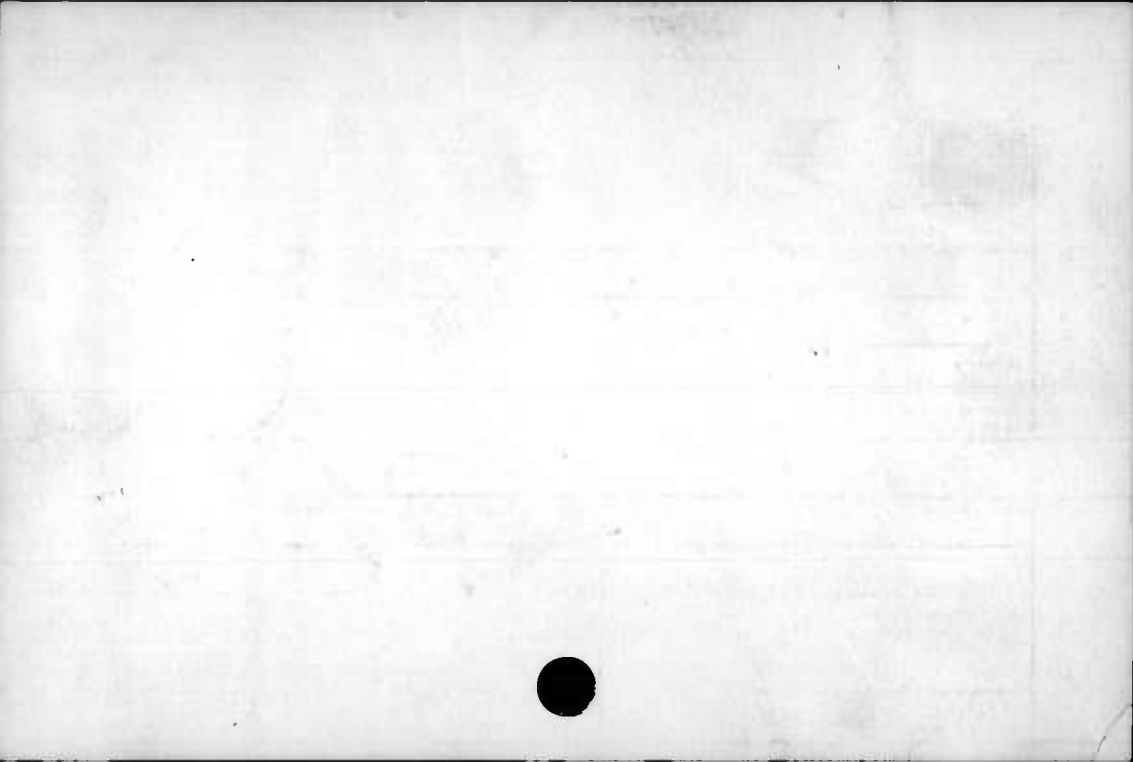
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>1</i>	Day <i>27</i>	Age <i>82</i>	Months <i>—</i> Days <i>—</i>
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Penna.</i>		
Occupation <i>Seamstress</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>James Hockley</i>	Father's Birthplace <i>Penn.</i>				
Mother's Maiden Name <i>Catherine Snyder</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs Ella Harbaugh</i>	How related to deceased <i>niece.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i>	How long	<i>One Year</i>
Immediate	<i>Exhaustion</i>	How long	<i>12 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. H. Den. M.D.</i>
		Address	<i>Hagerstown</i>
Accident or Suicide?	<i>—</i>		<i>Ind.</i>



Name
in
Full

Melissa J. Hoffmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bonsbro		County Washington		MARYLAND	
Date of death		190	Month 7	Day 6	Age 68	Years	Months Days
Sex	Female		Color or Race	White		Birthplace	Maryland
Occupation	Housewife		Where Residing if not at place of death		Bonsbro		
Married, Single or Widowed	Widowed		Name of Wife or Husband		Geo W. Hoffmann		
Father's Name	Jacob Smith				Father's Birthplace	Md	
Mother's Maiden Name	Fiesta Davis				Mother's Birthplace	Md	
Name of person giving information	Luther Smith				How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease		How long	2 yrs
Immediate	Dropsical Effusion		How long	1 yr
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. S. Davis		
		Address Bonsbro Md		
Accident or Suicide?				



Name
in
Full

John Hallenburger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>4</i>	Day <i>5</i>	Age <i>88</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Hagerstown</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Russell A. Harbaugh</i>				
Father's Name <i>Wm. H. Hallenburger</i>	Father's Birthplace <i>Guzman</i>				
Mother's Maiden Name <i>Elizabeth Stern</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Jno. Hollenburger</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>154</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. W. [unclear]</i>
<i>No</i>	Address <i></i>
Accident or Suicide? <i>No</i>	

Raynsboro

Name
in
Full

Still Born child of R.E. & Sophia Keadle

CERTIFICATE OF DEATH

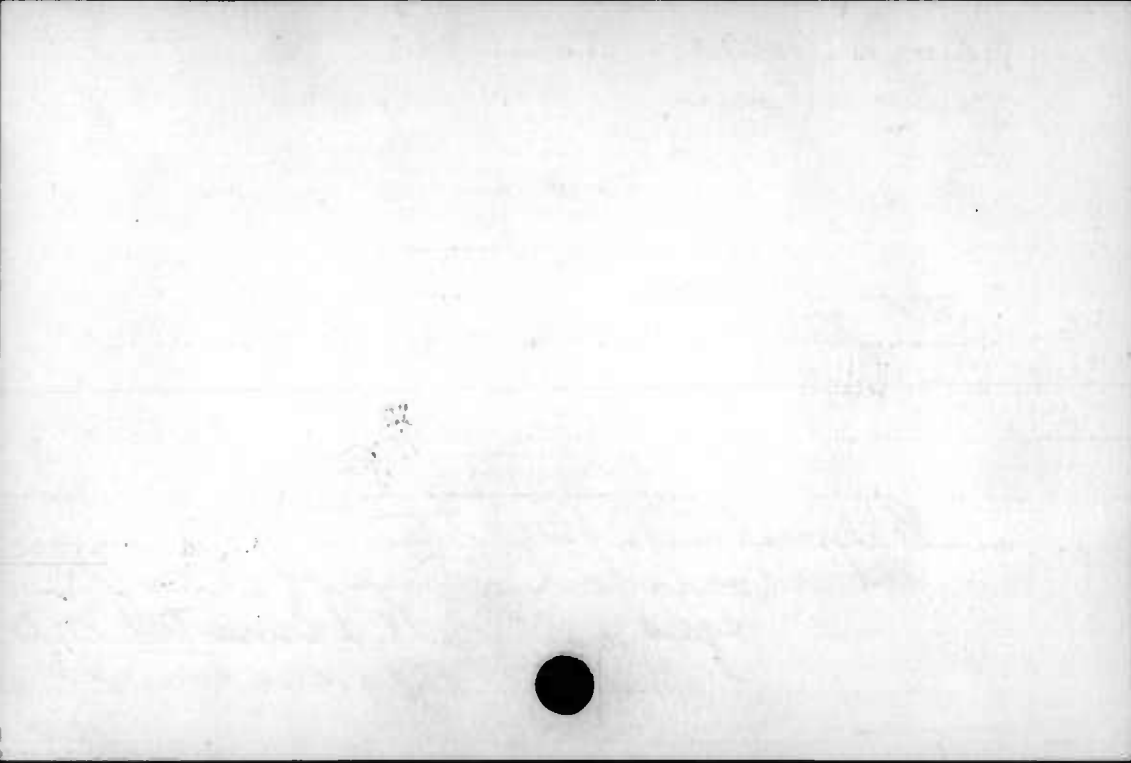
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown,</u>		County <u>Washington</u>		MARYLAND	
Date of death	1907	Month	1	Day	10
Age		Years		Months	Days
Sex	Female	Color or Race	white	Birth-place	Ind.
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	R. E. Keadle	Father's Birthplace	Ind.		
Mother's Maiden Name	Sophia Gayle	Mother's Birthplace	Penn.		
Name of person giving information	R. E. Keadle	How related to deceased	father.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	-
Immediate	Protracted Labor	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		V. H. Smith, Jr.	
no		Address	
Accident or Suicide?		Hagerstown Ind.	



Name in Full		George Aaron Kendall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hagerstown		County		Washington
	Date of death		1907	Month	1	Day	27
	Age		Years		Months		Days
	Sex		Male		Color or Race		White
	Occupation				Birth-place		Ind
					Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name		Walter Kendall		Father's Birthplace		Ind
	Mother's Maiden Name		Lula Brand		Mother's Birthplace		Ohio
	Name of person giving information		Walter Kendall		How related to deceased		Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		Premature Birth		How long		
	Immediate		not developed		How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S. H. Ernst M.D.
					Address		Hagerstown
Accident or Suicide?							

Coffman
Buried at St Pauls

Name
in
Full

Annie Ellen Kimble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Williamsport ^{County} Washington MARYLAND

Date of death 1907 ^{Month} July ^{Day} 6 Age ^{Years} 46 ^{Months} 2 ^{Days} 16

Sex Female Color or Race White Birthplace Housport

Occupation House keeper Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Chas E Kimble

Father's Name Michael H Kups Father's Birthplace Housport

Mother's Maiden Name Ellen E. Cranner Mother's Birthplace Hagerstown

Name of person giving information J. F. Kups How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia

How long 1 week

Immediate Heart failure

How long one day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. H. Srinivas
Williamsport, Md.

Accident or Suicide?

No



Name
in
Full

Bertha E. Knoole

CERTIFICATE OF DEATH

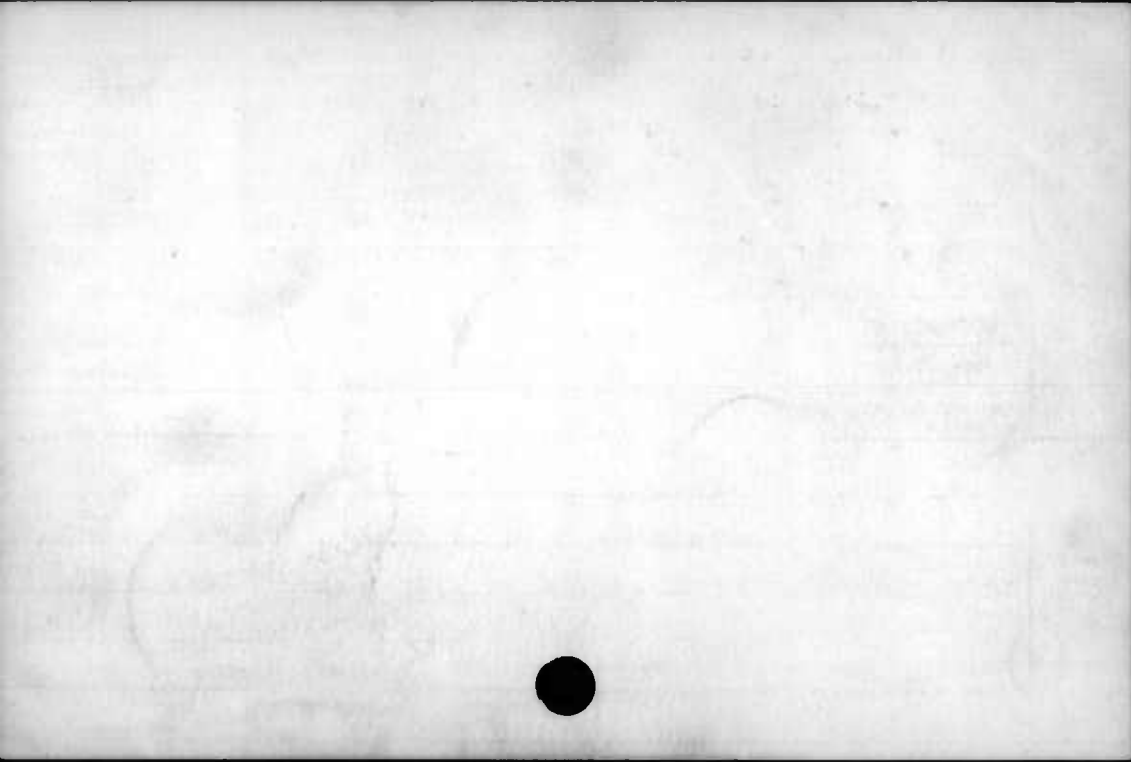
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Mercersville		Washington		County		MARYLAND	
Date of death		1907	Month 1	Day 20	Age 33	Years	Months 9	Days 25	
Sex		Female		Color or Race		White		Birth-place	
Occupation		Housekeeper		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Jeremiah Knoole		Father's Birthplace		Sharpsburg			
Mother's Maiden Name		Georgiana Kaylor		Mother's Birthplace		Mercersville			
Name of person giving information		Premiah Knoole		How related to deceased		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	A Complication of non-contagious disease	How long	Four years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		O. C. Gardner	
Address		Sharpsburg Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

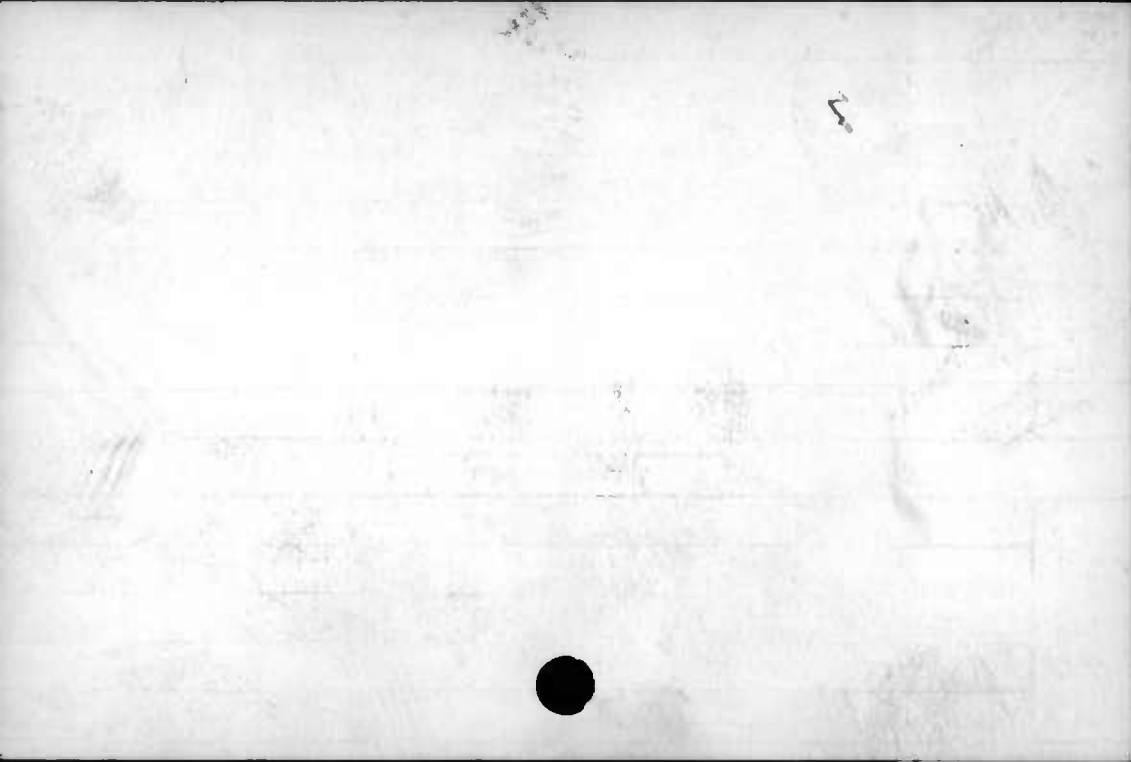
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Helen Lane		Town Hagerstown		County Washington		MARYLAND	
Died at Hagerstown		Month 1		Day 29		Years 40	
Date of death 1907		Month 1		Day 29		Years 40	
Sex Female		Color or Race White		Birth-place Pa		Where Residing if not at place of death Hagerstown	
Occupation House work		Married, Single or Widowed Single		Name of Wife or Husband 		Father's Birthplace Pa	
Father's Name Milton Lane		Mother's Maiden Name Mary Hull		Name of person giving information Mary Weber		How related to deceased Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Mipral Lamon		How long 79 years	
Immediate Heart Failure		How long 10 minutes	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Ch. Scheele	
Address Heart Office		Accident or Suicide? No	



Name
in
Full

Daniel E. Linebaugh.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beaver Creek</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1907	Month	1st.	Day	22
Sex		Male		Color or Race	White
Occupation		Laborer		Birth-place	Beaver Creek.
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Samuel Linebaugh			Father's Birthplace	Fred. Co.
Mother's Maiden Name	Elizabeth Reynolds			Mother's Birthplace	Fred. Co.
Name of person giving information	Samuel Linebaugh			How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>7 days</i>
Immediate	<i>Syncope. Heart Failure</i>	How long	<i>Sudden.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Hubert Wade, M.D.</i>
		Address	<i>Bronckors.</i>
Accident or Suicide?	<i>No.</i>		<i>Mch. Co. Ind.</i>



Name
in
Full

CERTIFICATE OF DEATH

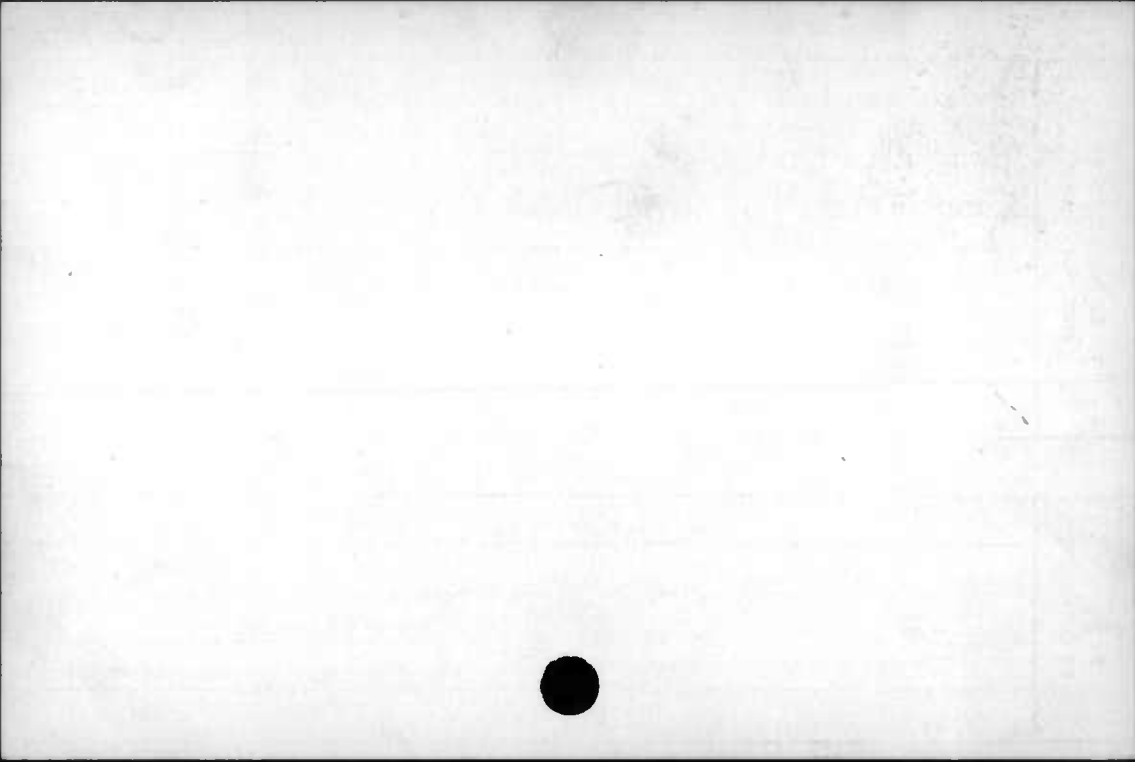
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1904</i>	Month <i>1</i>	Day <i>19</i>	Age <i>54</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
Occupation <i>House work</i>	Where Residing if not at place of death <i>Hagerstown</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Liger</i>				
Father's Name <i>David Houker</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Sophia Barkdoll</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>John Liger</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fatty Degeneration of heart</i>	How long <i>Several years?</i>
Immediate <i>Cardiac Failure</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Dugan</i>
Accident or Suicide? <i>no</i>	Address <i>Hagerstown, Md</i>



Name
in
Full

David Lindsay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1908 ^{Month} 1 ^{Day} 1 ^{Age} 33 ^{Years} ^{Months} ^{Days}

Sex male Color or Race white Birth-place Md

Occupation Laborer Where Residing if not at place of death Hagerstown

Married, Single or Widowed Single Name of Wife or Husband

Father's Name James Lindsay Father's Birthplace Ireland

Mother's Maiden Name Jane Mc Lelanahan Mother's Birthplace Kent Rivers

Name of person giving information Matthew Lindsay How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Endocarditis
" Cardiac asthma 791 How long 10 yrs. (?)

Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Victor Miller, Jr.
Address Hagerstown, Md.

Accident or Suicide? No

Will auspost

Name
in
Full

Lewis William M. ~~Mc~~Carthy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Kagerstown</u> <small>Town</small>		<u>Wash.</u> <small>County</small>		MARYLAND	
Date of death	190 <u>7</u> <small>Month</small>	<u>1</u> <small>Day</small>	Age <u>13</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>3</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Ind.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>A. E. McCarthy</u>	Father's Birthplace <u>W. Va.</u>				
Mother's Maiden Name <u>Annie V. Crane</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Annie McCarthy</u>	How related to deceased <u>mother.</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Opnoza Infantum</u>	How long <u>15^h</u>
Immediate <u>—</u>	How long <u>immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. P. Scheller</u>
<u>No.</u>	Address <u>Health Officer</u>
Accident or Suicide? <u>No.</u>	

Chung Kuo

C. M. Suter & Son

Name
in
Full

John H. McCoy

CERTIFICATE OF DEATH

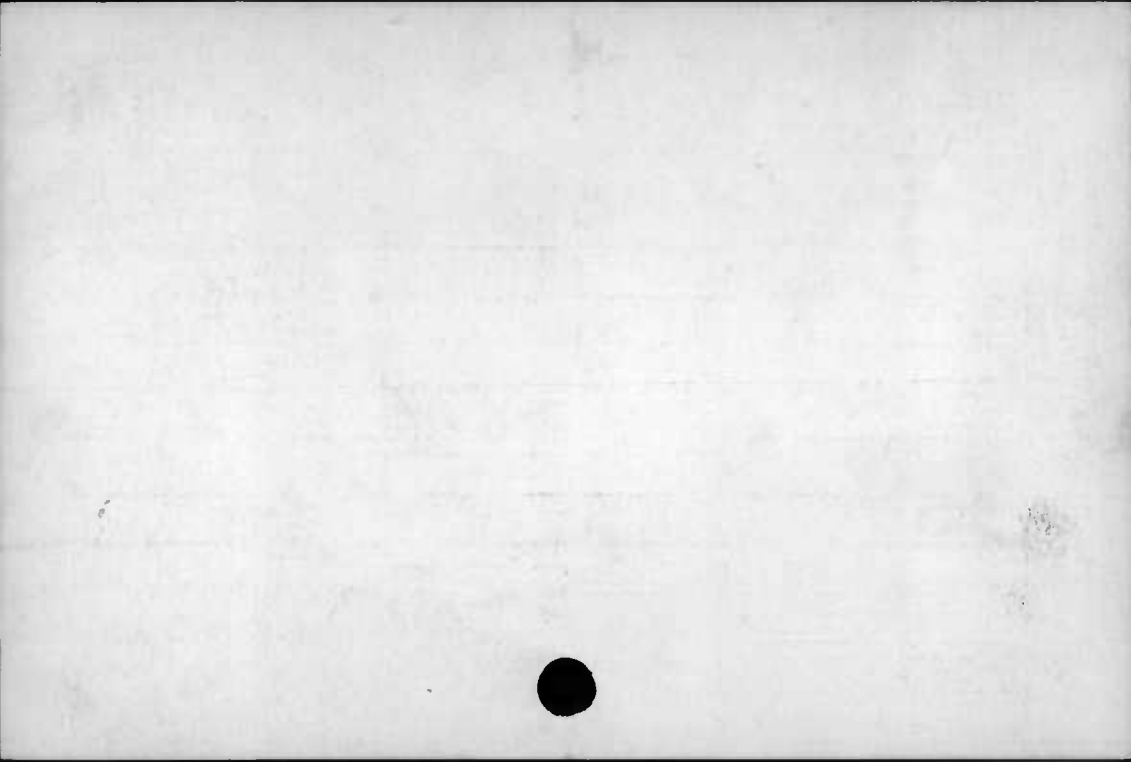
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>WilliamSPORT</i>		County <i>Washington</i>		MARYLAND	
Date of death	1907	Month	January	Day	9
Age	40	Years		Months	
Sex	Male	Color or Race	white American	Birth-place	Wash. Co. Md
Occupation	Laborer	Where Residing if not at place of death <i>Park Head, Md</i>			
Married, 3 or Widowed		Name of Wife or Husband <i>Cornie Ingram</i>			
Father's Name	<i>John H. McCoy</i>			Father's Birthplace	<i>Bakersville</i>
Mother's Maiden Name	<i>Aunie E Hammond</i>			Mother's Birthplace	
Name of person giving information	<i>E. Elmer McCoy</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Killed by Train</i>	How long	<i>166</i>
Immediate	<i>Instant death</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. Richardson</i>	
		Address <i>WilliamSPORT Md</i>	
Accident or Suicide? <i>Accident</i>			



Name
in Full

R. B. Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Wash.</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>1</i>	Day <i>9</i>	Years <i>23</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Va.</i>			
Occupation <i>R.R. Freeman</i>		Where Residing if not at place of death <i>Brunswick</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>Not Known</i>					
Name of person giving information <i>—</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burn</i>	How long <i>16</i>
Immediate <i>Shock</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. Bushnell</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>Accident</i>	

Middletown Va

Name in Full		Hort. May hugh.				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hancock.</u>		County <u>Washington</u>		MARYLAND			
		Date of death <u>1907 Jan.</u>		Month <u>7</u>	Day <u>25</u>	Age <u>42</u>	Years <u>5</u>	Months <u>0</u>	Days <u>0</u>
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Hancock Md.</u>			
		Occupation <u>None (Cripple)</u>		Where Residing if not at place of death <u>Died at Home</u>					
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband _____					
		Father's Name <u>Harvey May hugh.</u>				Father's Birthplace <u>Harveysburg, Pa.</u>			
		Mother's Maiden Name <u>Annie Pine</u>				Mother's Birthplace <u>Maryland</u>			
Name of person giving information		<u>R. H. May hugh.</u>				How related to deceased <u>Brother</u>			
		<div>or Sligo</div> <div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <u>Inflammation</u>		How long <u>5 days</u>					
		Immediate		How long					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. E. Sligo</u>		Address <u>Hancock, Md.</u>			
		Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Miller</i>		Town <i>Halpway</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Halpway</i>		Month <i>1</i>		Day <i>24</i>		Years <i>74</i>	
Date of death <i>1907</i>		Month <i>1</i>		Day <i>24</i>		Years <i>74</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death <i>Halpway</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Miller</i>					
Father's Name <i>James Miller</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Mary Miller</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart trouble</i>	How long <i>79</i>
Immediate <i>Emphysema</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. E. Manahan</i>
Accident or Suicide?	Address

Wallauput Med.

At C. J. J. J.

Name
in
Full

Sallie Virginia Miller

CERTIFICATE OF DEATH

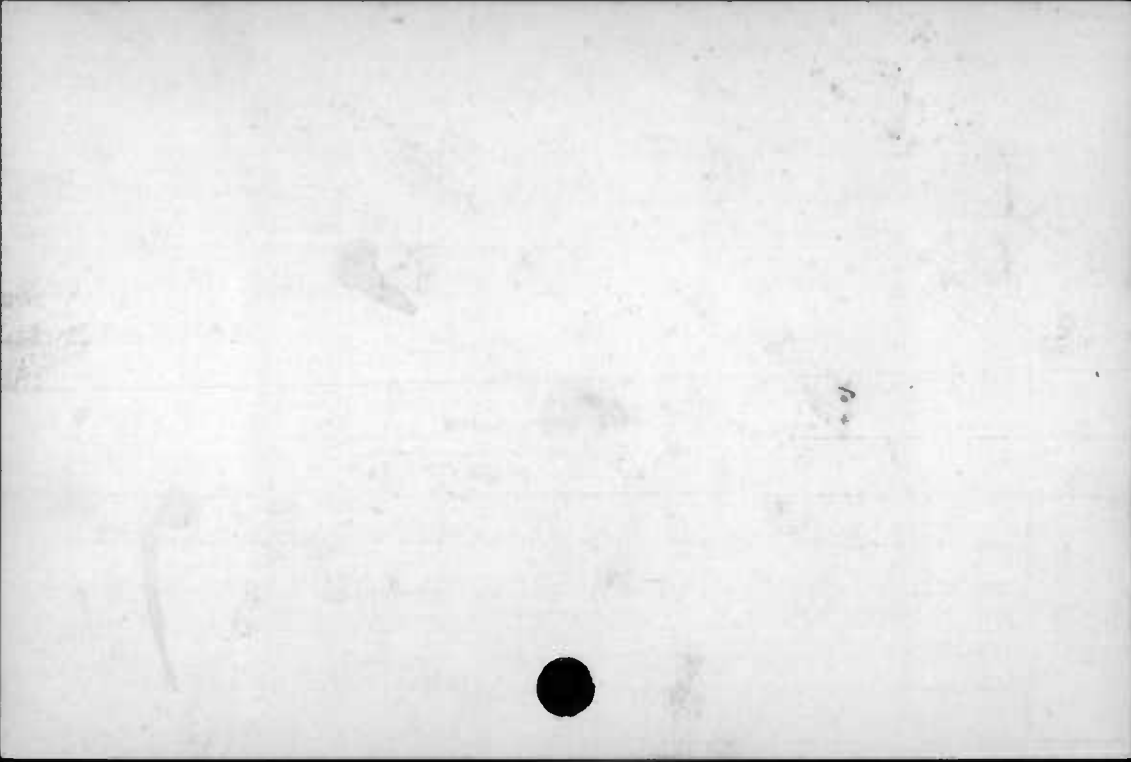
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Jan	3	Age 43	10	34	
Sex	Female	Color or Race	White		Birth-place	Conococheague	
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband Isaac Daniel Miller				
Father's Name	Isaac Grove				Father's Birthplace	Conococheague	
Mother's Maiden Name	Sophia Cook				Mother's Birthplace	Fairview Pa	
Name of person giving information	J. Daniel Miller				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	One year
Immediate	Edema	How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. S. Richardson	
Address		Williamspoint Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

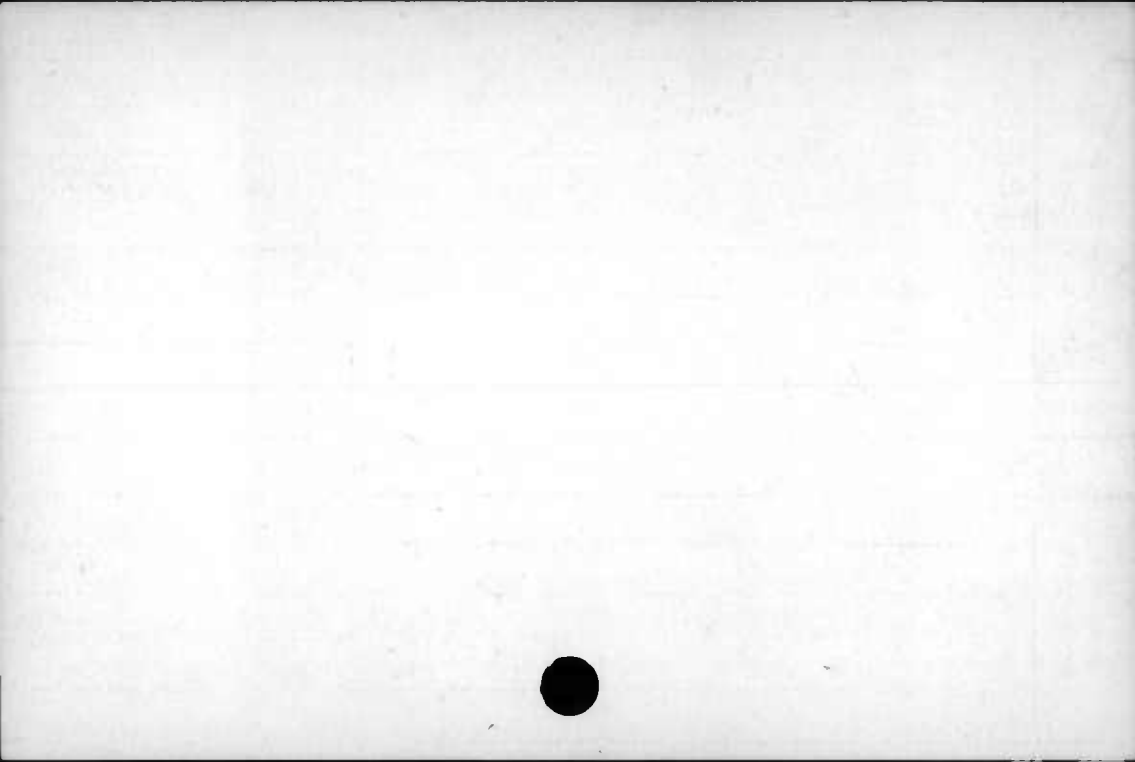
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Loyd Edgar Minor</i>		Town <i>Leitersburg</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Leitersburg</i>		Month <i>Jan</i>		Day <i>17</i>		Years <i>1</i>	
Date of death <i>1907</i>		Age <i>17</i>		Months <i>1</i>		Days <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Leitersburg</i>			
Occupation <i>_____</i>		Where Residing if not at place of death <i>Leitersburg</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>William E. Minor</i>		Father's Birthplace <i>Hagerstown</i>					
Mother's Maiden Name <i>Carrie B. Minor</i>		Mother's Birthplace <i>Leitersburg</i>					
Name of person giving information <i>William E. Minor</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Patulous Foramen Ovale, Infection</i>		How long <i>1 month - 4 days</i>	
Immediate <i>Heart Failure</i>		How long <i>Twenty-four hrs.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>T. Robert W. Wilson</i>	
Yes		Address <i>Leitersburg</i>	
Accident or Suicide <i>No.</i>		<i>Maryland</i>	



Name
in
Full

Preston V. Moats.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Wash</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>1</u>	Day <u>18</u>	Age <u>—</u>	Months <u>4</u>	Days <u>8</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Hagerstown.</u>		
Occupation <u>—</u>		Where Residing if not at place of death <u>Hagerstown</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Herbert Moats.</u>		Father's Birthplace <u>Tilghmanston Md.</u>			
Mother's Maiden Name <u>Nettie Palmer</u>		Mother's Birthplace <u>Tilghmanston Md.</u>			
Name of person giving information <u>Herbert Moats.</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>3 months</u>
Immediate <u>Acute Bronchitis.</u>	How long <u>few days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. C. Daulton Jr.</u>
	Address <u>Hagerstown Md.</u>
Accident or Suicide? <u>No.</u>	

Manor.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna Catherine Moore

Died at ^{Town} Indianspring ^{County} Wash

MARYLAND

Date of death 1907 / 1 / 23 - Age 18 Months Days

Sex Female Color or Race White Birth-place Md

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name Jacob Moore

Father's Birthplace Md

Mother's Maiden Name Jennie Lewis

Mother's Birthplace "

Name of person giving information David Beecher

How related to deceased None

CAUSES OF DEATH

Primary Chronic Phthisis

How long 1 1/2 yrs

Immediate Exhaustion

How long _____

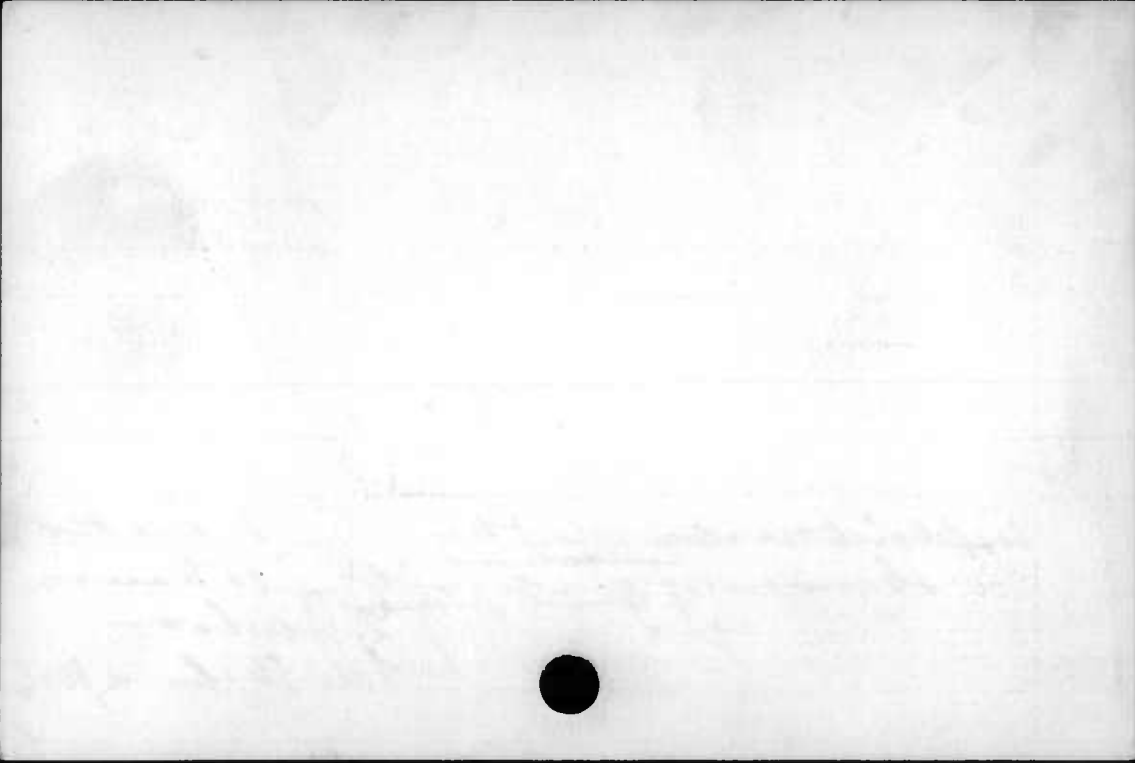
Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician E. T. Mason

Address

Clearspring Md

Accident or Suicide? _____



Name
in
Full

Susan Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>zittestown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month}		<u>Jan</u> ^{Day}	<u>7</u> ^{Years}	<u>66</u> ^{Months}	<u></u> ^{Days}
Sex <u>Female</u>	Color or Race <u>whr</u>	Birth-place <u>Maryland</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>zittestown</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George Morgan</u>				
Father's Name <u>Lewis Hutzel</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Catherine Schrader</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>George Morgan</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis Pulmonae</u>	How long <u>5 years.</u>
Immediate	<u>Exhaustion, Debility</u>	How long <u>2 months.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>J. Hubert Trades, M.D.</u>
		Address <u>Bearsboro.</u>
Accident or Suicide? <u>No</u>		<u>Ind.</u>



Name in Full		Infant Baby Muritz				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Caretown		Wash.		MARYLAND	
	Date of death		1907		Month 1		Day 24	
	Sex		Male		Color or Race		White	
	Occupation		—		Where Residing if not at place of death		" "	
	Married, Single or Widowed		Single		Name of Wife or Husband		None	
	Father's Name		Frank Muritz		Father's Birthplace		Franklin Co Pa	
	Mother's Maiden Name		Leta Carver		Mother's Birthplace		Wash. by Md.	
	Name of person giving information		Frank Muritz		How related to deceased		Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Still Born				How long	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Dr. M. S. Kefauver	
	Accident or Suicide?		No.		Address		Smithsburg Maryland	
	LIBRARY BUREAU A55016							



Name
in
Full

Maggie Murphy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Perry

Town

County

Wash

Date

of death 1907

Month

Jan

Day

14

Age

Years

25

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Housemaid

Where Residing if not
at place of death

~~Married~~ Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Edward Murphy

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary Gay

Mother's
Birthplace

Md.

Name of person giving
In formation

Wm Elkins

How related
to deceased

None

CAUSES OF DEATH

Primary

Consumption

How long

2 Yrs

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. E. Sligo

Address

Hancock

Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

MAICISYHQ
RANOROC RO

NEW YORK
TO NEW YORK

Accident or Suicide?

Are the name, age, sex, color, date
and place correctly given above?

Address
Signature of
Physician

Immediate

How long

How long

CAUSES OF DEATH

Name of person giving
information

Maiden Name
Mother's

Father's
Name

Name of Wife or
Husband

Where found, if not
at place of death

Sex

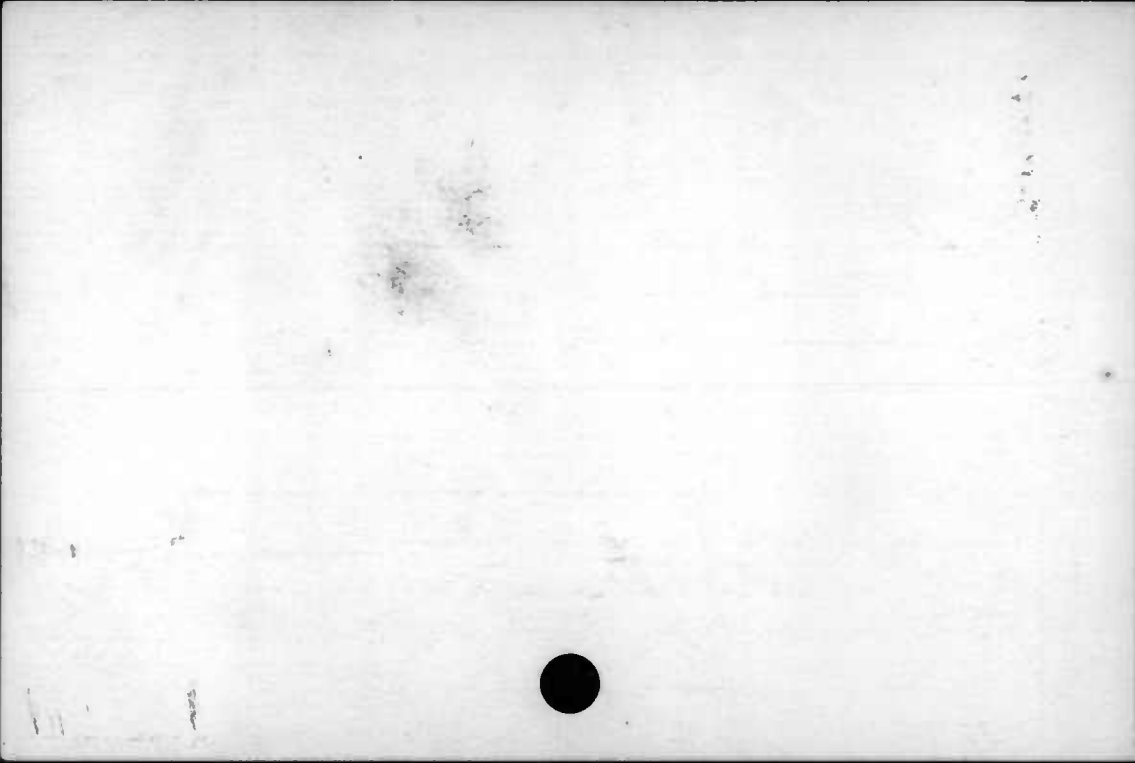
Age

Date
of death 1 30

MARYLAND

CERTIFICATE OF DEATH

Name in Full		Catherine Amelia Potts				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pinesburg		Washington		MARYLAND	
	Date of death	1906	Month 1	Day 9 th	Age 8	Months 6	Days 8
	Sex	Female		Color or Race	white		Birth-place
	Occupation			Where Residing if not at place of death		Pinesburg	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Geo Potts.				Father's Birthplace	Pinesburg
	Mother's Maiden Name	Elizibeth Harsh.				Mother's Birthplace	Williamsport
Name of person giving information	Geo Potts.				How related to deceased	Father.	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">119</div>							
PHYSICIAN OR CORONER	Primary	Acute Parenchymatous Nephritis				How long	6 days
	Immediate	Uremia and Edema of Lungs				How long	24 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Irvin M. Wertz
	Address		Williamsport		Maryland		
Accident or Suicide?		<div style="text-align: center;">9</div>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jackson Potts

Died at **Hagerstown** Town **Washington** County **MARYLAND**

Date of death **1907** Month **1** Day **21** Age **90** Years Months **-** Days **-**

Sex **Male** Color or Race **White** Birth-place **md**

Occupation **Stone Mason** Where Residing if not at place of death **-**

Married, Single or Widowed **Widower** Name of Wife or Husband **Louisa Potts**

Father's Name **Samuel Potts** Father's Birthplace **md**

Mother's Maiden Name **Not known** Mother's Birthplace **md**

Name of person giving information **J W Potts** How related to deceased **Son**

CAUSES OF DEATH

Primary

Senility **154**
Exhaustion

How long **2 yrs**How long **-**

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W B Moomoon
Hagerstown md

Accident or Suicide?

No

Hancock me
H. C. Sprague

5-2-9-9-7-32
5-41

73
6

Name
in
Full

David Protzman


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

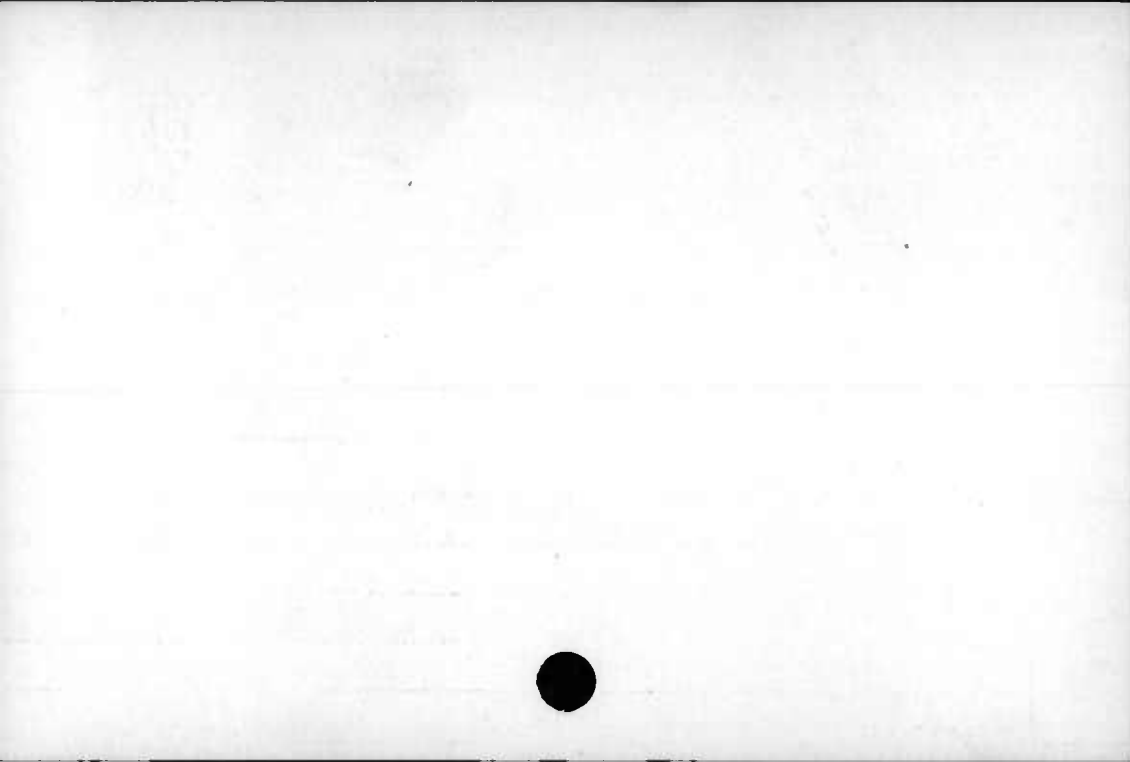
Died ^{Town} <i>Between Ruggold + Smithsburg</i> County <i>Washington</i> MARYLAND	
Date of death <i>1907</i> Month <i>Jan</i> Day <i>8th</i> Age <i>81</i> Years Months <i>8</i> Days <i>7</i>	
Sex <i>Male</i> Color or Race <i>White</i> Birth-place <i>Near Smithsburg Md</i>	
Occupation <i>Small Farmer</i> Where Residing if not at place of death <i>Smithsburg</i>	
Married, Single or Widowed <i>Widower</i> Name of Wife Widow <i>Sarah Senger</i>	
Father's Name <i>Ludwig Protzman</i> Father's Birthplace <i>Near Smithsburg Md</i>	
Mother's Maiden Name <i>Eve Mary Schenfeld</i> Mother's Birthplace <i>Cont Hou</i>	
Name of person giving information <i>Dr Jos. Protzman</i> How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i> How long <i>Several days</i>	
Immediate <i>Nephritis + Pulmonary Edema</i> How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
Signature of Physician <i>Dr Joseph Protzman</i> Address <i>Smithsburg</i>	
Accident or Suicide? <i>No.</i>	

Maryland
LIBRARY BUREAU ASSETS



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maria Rye</i>		Town <i>Indianspring</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Indianspring</i>							
Date of death <i>1907 Jan 18</i>		Month <i>Jan</i>		Day <i>18</i>		Age <i>85</i>	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Virginia</i>		Months <i>2</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death				Days <i>8</i>	
Married, Single or Widowed <i>26 years</i>		Name of Wife or Husband <i>Samuel Rye</i>					
Father's Name <i>Samuel Williams</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Rebecca Williams</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving Information <i>Nettie Collins</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Broncho-pneumonia</i>	How long	<i>One week</i>
Immediate	<i>Heart failure</i>	How long	<i>Twenty four hours</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Abraham Shank</i>	
Address		<i>Clearspring</i>	
		<i>Washington County</i>	
Accident or Suicide?			

7



Name
in
Full

Nellie Innes Renner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Wash</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>13</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>12</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>		Where Residing if not at place of death <u>—</u>	
Occupation <u>—</u>					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Otto Renner</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Sallie Keiser</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Otto Renner</u>	How related to deceased <u>father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 days</u>
Immediate <u>Heart failure</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. S. Verman</u>
	Address <u>Hagerstown Md.</u>
Accident or Suicide? <u>no</u>	

Broadfaring

Name
in
Full

Matthe Roberson

CERTIFICATE OF DEATH

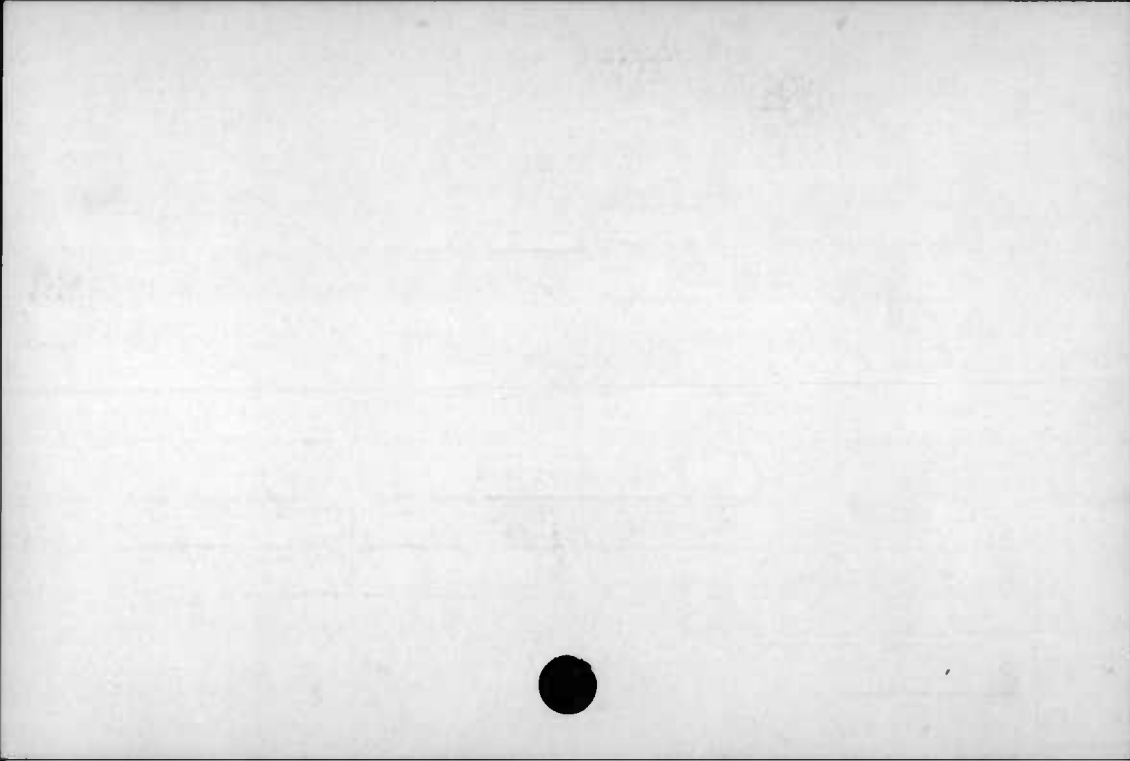
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907 Jan		10	Age	41	8	-	
Sex	Female	Color or Race	Colored	Birth-place	Maryland		
Occupation	Housewife			Where Residing if not at place of death	Died at Home		
Married, Single or Widowed	Widowed		Name of Wife or Husband	Frank C. Curtis			
Father's Name	Lewis Roberson				Father's Birthplace	Maryland	
Mother's Maiden Name	Nancy Maxley				Mother's Birthplace	"	
Name of person giving information	Nora Maxley				How related to deceased	Cousin	

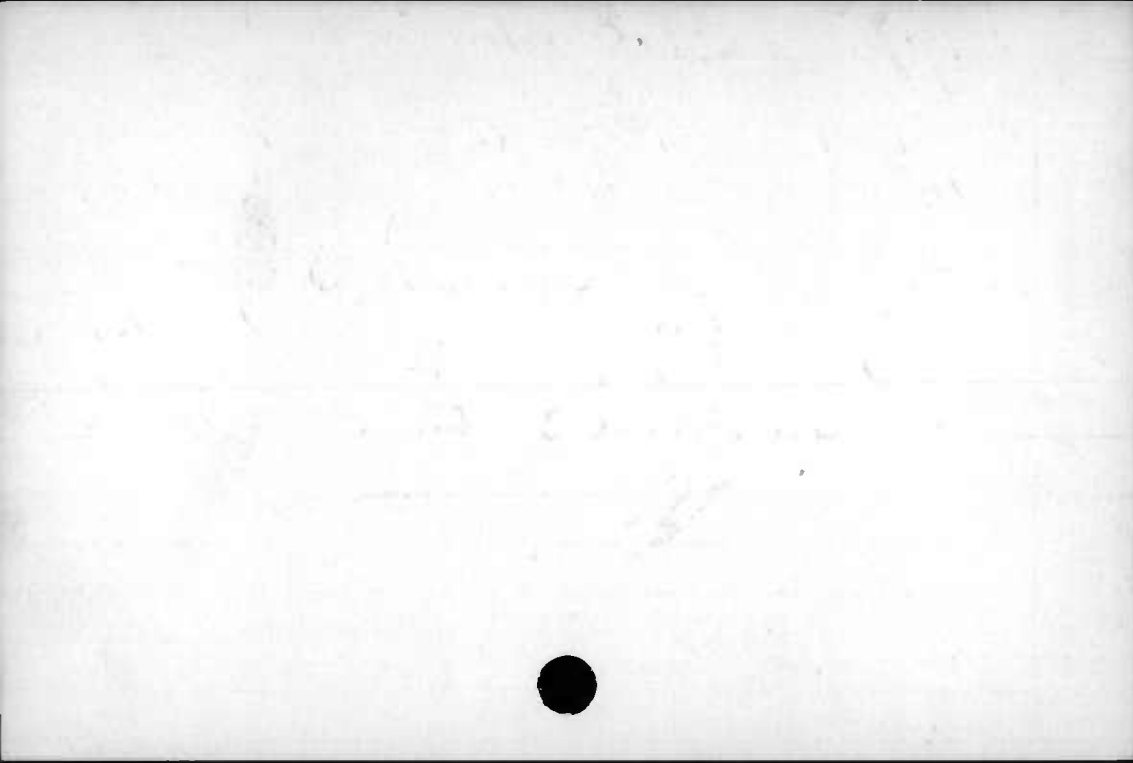
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	Consumption	How long	3 years
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James C. Webster
		Address	Hamsey
Accident or Suicide?			



Name in Full Benjamin F Santman		CERTIFICATE OF DEATH	
Died at Kennedysville <small>Town</small>		Washington <small>County</small>	
State MARYLAND			
Date of death 1907 <small>Month</small> 1 <small>Day</small> 29 <small>Age</small> 80 <small>Months</small> 4 <small>Days</small> 3			
Sex Male	Color or Race White	Birth-place Sharpsburg	
Occupation Laborer	Where Residing if not at place of death Kennedysville		
Married, Single or Widowed Single	Name of Wife or Husband Susan A. Santman		
Father's Name Don't Know	Father's Birthplace Don't Know		
Mother's Maiden Name Margaret Snyder	Mother's Birthplace Sharpsburg		
Name of person giving information Susan A. Santman	How related to deceased Wife		
CAUSES OF DEATH			
Primary Mitral Heart Disease	How long 8 years		
Immediate Dropsy	How long 1 month		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. M. Mihisee		
J	Address Kennedysville Md		
	Accident or Suicide? No		



Name
in
Full

CERTIFICATE OF DEATH

John J. Schlatterbeck Sr.

Town

County

Died at

Hagerstown

Wash

MARYLAND

Date

Month

Day

Years

Months

Days

of death

190

4

1

13

Age

75

3

29

Sex

male

Color or
Race

white

Birth-
place

Germany

Occupation

Retired Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife

Elizabeth Schlatterbeck

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
In formation

J. J. Schlatterbeck Jr.

How related
to deceased

son

CAUSES OF DEATH

Primary

Organic Heart Disease

How long

9 several years

Immediate

Cardiac failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

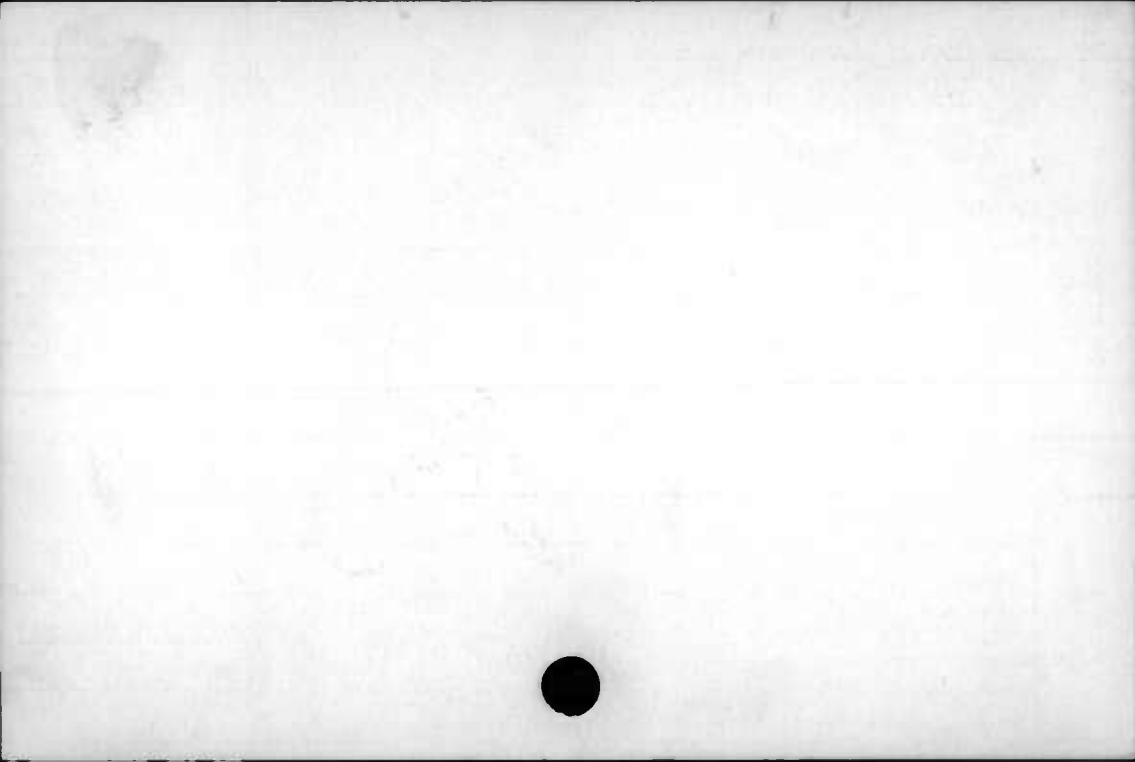
Address

J. J. Schlatterbeck Jr.

Hagerstown -

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ralph Lester Shank.

CERTIFICATE OF DEATH

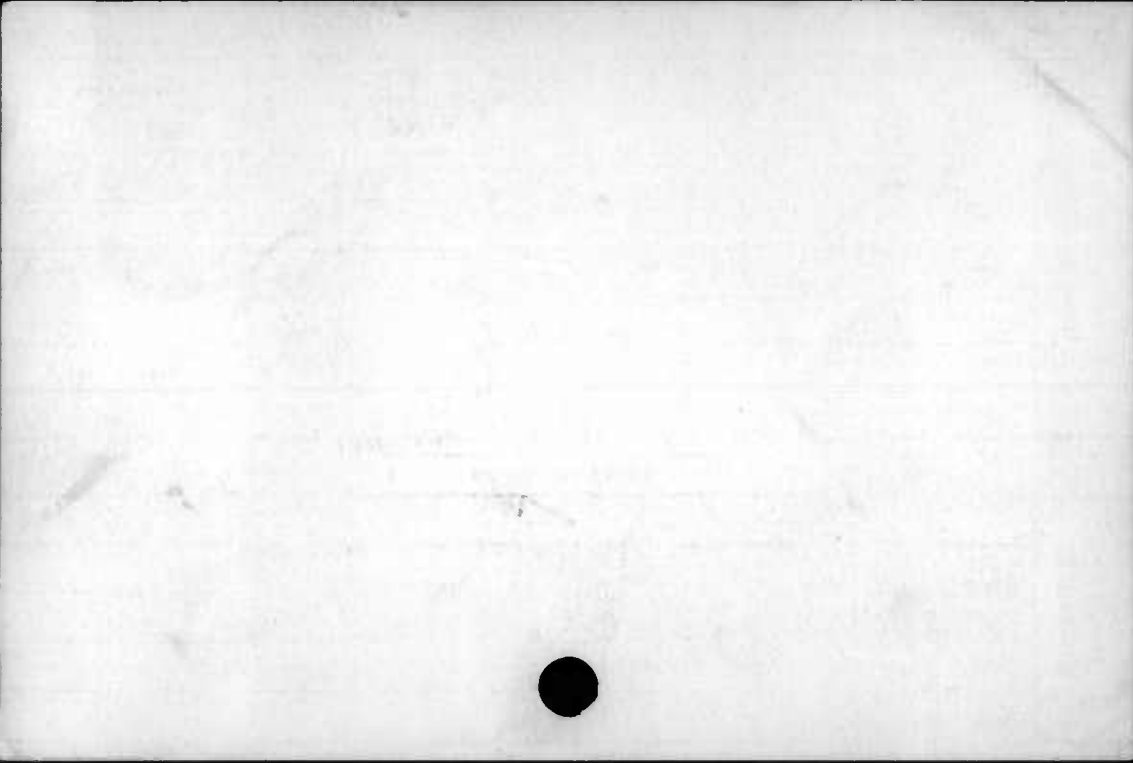
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>2 Locks.</u>		Town		County		MARYLAND	
Date of death	190 <u>6</u>	Month	1	Day	12	Age	2
				Years		Months	4
Sex	<u>Male</u>		Color or Race		<u>white</u>		Birth-place
						<u>2 Locks.</u>	
Occupation				Where Residing if not at place of death			
				<u>2 Locks.</u>			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<u>John D. Shank</u>			Father's Birthplace	
						<u>W Va</u>	
Mother's Maiden Name			<u>Melcore Gossard</u>			Mother's Birthplace	
						<u>Md</u>	
Name of person giving information			<u>John D. Shank</u>			How related to deceased	
						<u>Father.</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Broncho Pneumonia</u>	How long	<u>3 days</u>
Immediate	<u>Heart failure</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>J. P. Perry</u>	
		Address	
		<u>Clearspring Md</u>	
Accident or Suicide?			
<u>9</u>			



Name
in
Full

Susan Shoop


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Williamsport <small>Town</small>			Washington <small>County</small>			MARYLAND		
Date of death 1907		January <small>Month</small>	23rd <small>Day</small>	93 <small>Age</small>	3 <small>Months</small>	12 <small>Days</small>		
Sex female		Color or Race white			Birth-place Williamsport			
Occupation Housewife				Where Residing if not at place of death Williamsport				
Married, Single Widow				Name of Wife or Husband wife of Adam Shoop				
Father's Name Daniel Miel				Father's Birthplace Williamsport				
Mother's Maiden Name Susan Miel				Mother's Birthplace Williamsport				
Name of person giving information Mrs. Tilly Shoop, her daughter				How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long
Immediate	Old age	How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician D. S. G. Lasher
		Address Williamsport - Md
Accident or Suicide? No		



Name
in
Full

Sanford Sheroder

CERTIFICATE OF DEATH

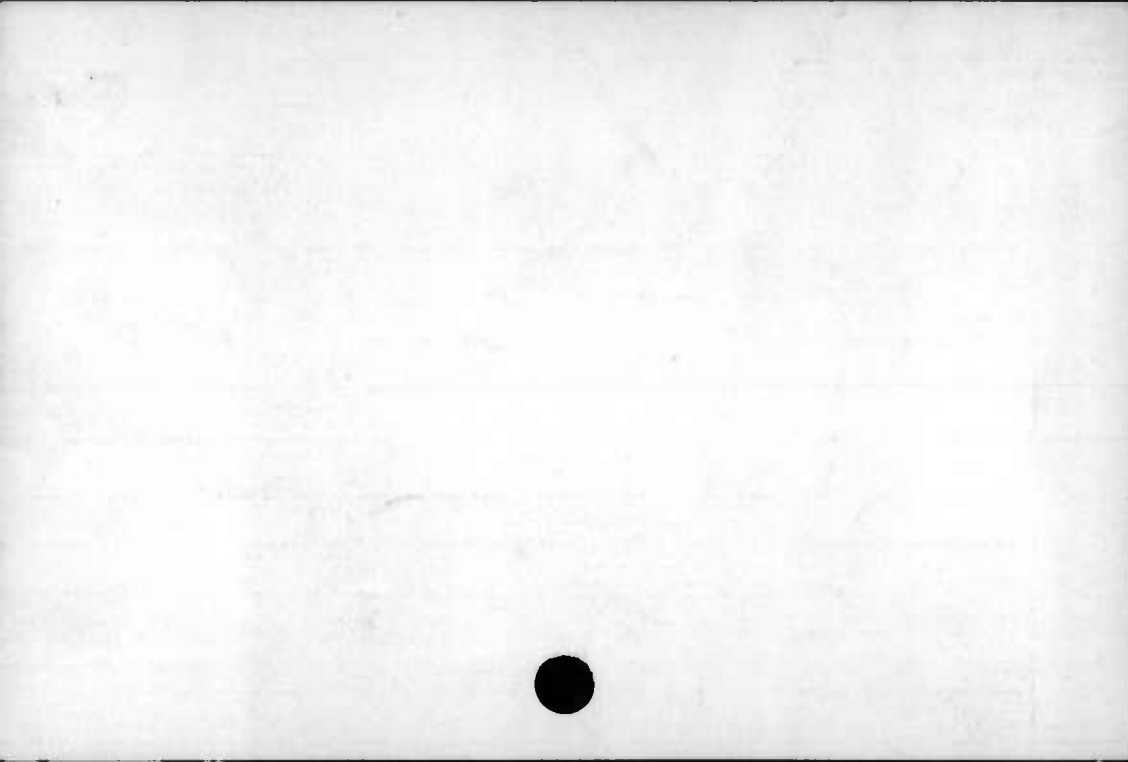
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Wash		MARYLAND	
Date of death		1907	Month 1	Day 15	Age 9	Years 8	Months 21
Sex male		Color or Race white		Birth- place md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Harry B. Sheroder		Father's Birthplace		md.	
Mother's Maiden Name		Wella Keefe		Mother's Birthplace		"	
Name of person giving in formation		H. B. Sheroder		How related to deceased		father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	10 days.
Immediate	Heart Failure	How long	6 hrs.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		[Signature]	
Address		Hagerstown md	
Accident or Suicide?		no,	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
7		1	24	61	6	3	
Sex	Female		Color or Race	White		Birth-place	Near Wmport
Married, Single or Widowed	Widow		Occupation		House Wife		
Name of Wife or Husband		Wm H. Snyder					
Father's Name		Isaac Pidenbur				Father's Birthplace	Pa
Mother's Maiden Name		Sarah Diehl				Mother's Birthplace	Ind
Name of person giving information		Isaac Snyder				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary consumption and chronic Bright's disease		How long	two years
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Dr. D. I. Lesher	
			Address	
			Williamsport - Md	
Accident or Suicide?				



Name
in
Full

Noah J. Thomas

CERTIFICATE OF DEATH

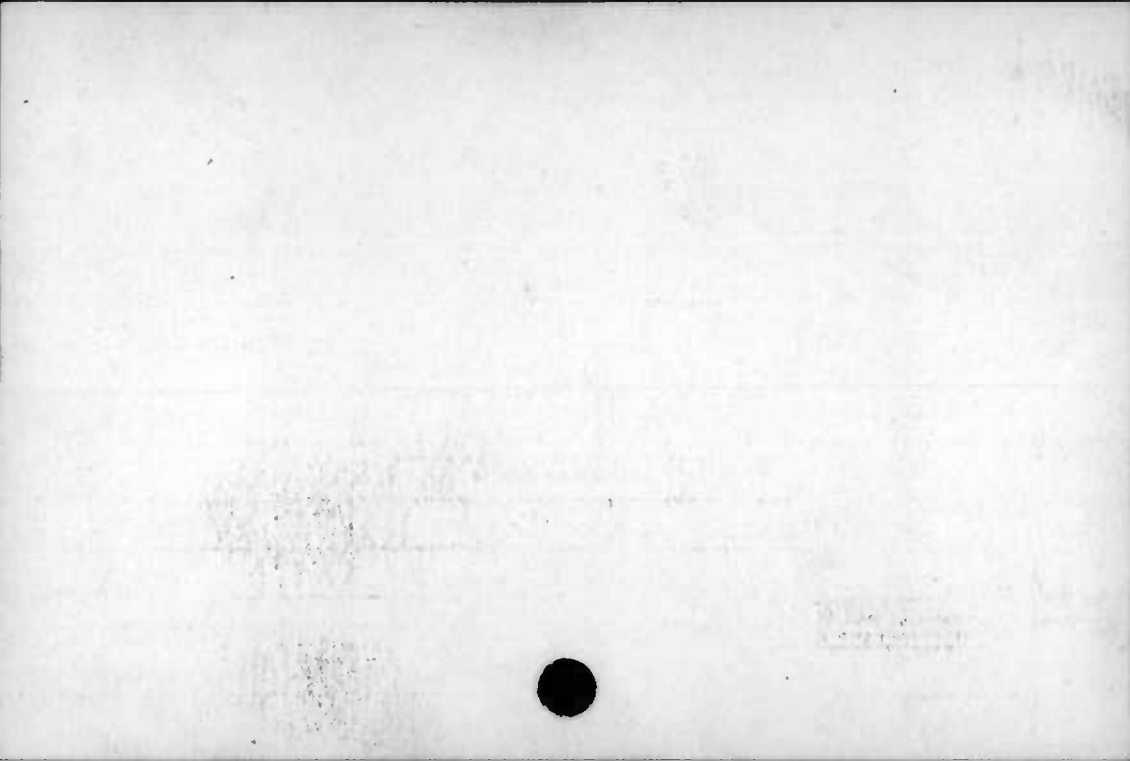
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boonsboro</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND							
Date of death	1907	Month	Jan	Day	10 th	Age	77	Months	11	Days	13
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>				
Occupation	<i>Farmer</i>					Where Residing if not at place of death _____					
Married, Single or Widowed	<i>Widower</i>					Name of Wife or Husband _____					
Father's Name	<i>George Thomas</i>					Father's Birthplace	<i>Ind</i>				
Mother's Maiden Name	<i>Sarah Schlosser</i>					Mother's Birthplace	<i>Ind</i>				
Name of person giving information	<i>Harry E. Thomas</i>					How related to deceased	<i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arthritis Spondylitis Chronic</i>	How long	<i>7 yrs -</i>
Immediate	<i>Carcinoma of</i>	How long	<i>18 months -</i>
Are the name, age, sex, color, date and place correctly given above?		Yes <i>[initials]</i>	
Signature of Physician		<i>W. E. Wheeler</i>	
Address		<i>Boonsboro</i>	
Accident or Suicide?		<i>Washington Co -</i>	



Name
in
FullMargerite Blanch Turner
Town Rockdale County Wash.

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1907 1 21 Age 13- Months 3 Days 5-
Sex Female Color or Race White Birth-place Ind
Occupation Schoolgirl Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Howard C. Turner

Father's
Birthplace

Ind

Mother's
Maiden Name

Margerite A. Herbert

Mother's
Birthplace

"

Name of person giving
Information

Howard Turner

How related
to deceased

Father

CAUSES OF DEATH

Primary

Interstitial Nephritis

How long

3 yrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

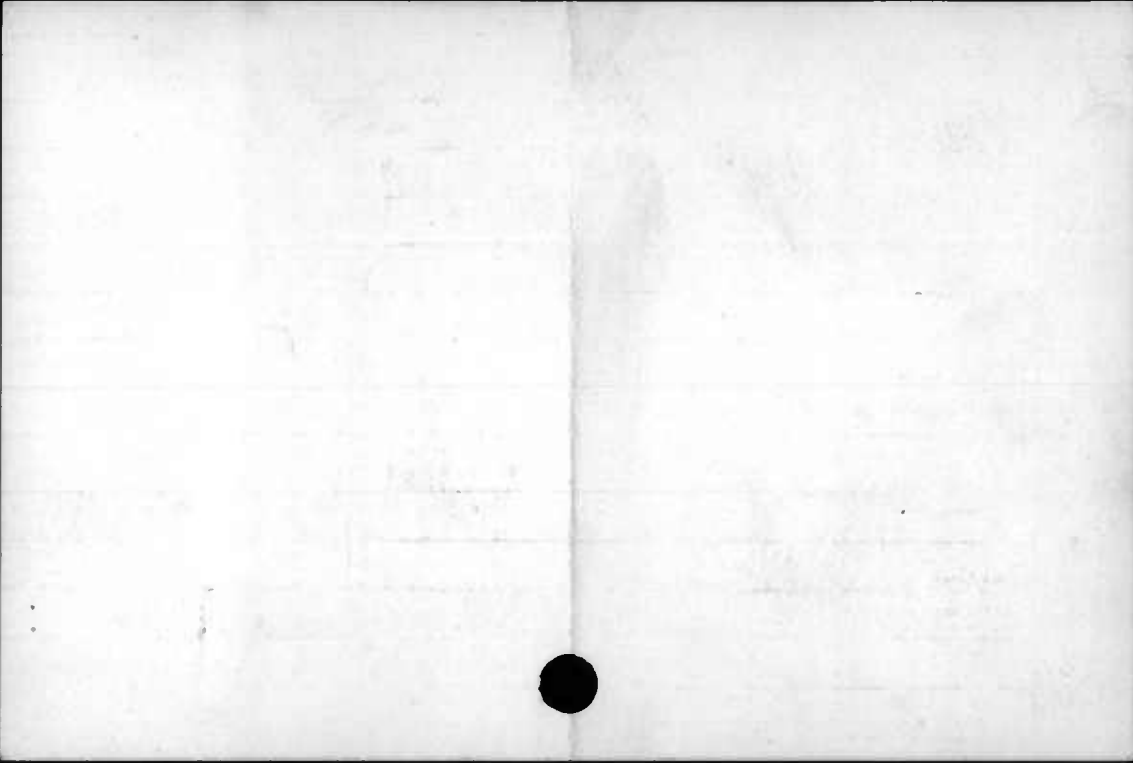
Signature of
Physician

Shurtz Boase

Address

Hagerstown, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Gasper M Unges

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death *1907* Month *1* Day *3* Age *66* Years Months *10* Days *2*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Huckster* Where Residing if not at place of death *Hagerstown*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Harris*

Father's Name *don't know* Father's Birthplace *—*

Mother's Maiden Name *" "* Mother's Birthplace *—*

Name of person giving information *Frank Unges* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Arterio Sclerosis* *142* How long *5 weeks*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. H. Monahan*

Address *Hagerstown Md*

Accident or Suicide? *no*

Canetown

Name
in
Full

Anna M. Winters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown* ^{Town} *Washington* ^{County}
 Date of death *1907* ^{Month} *1* ^{Day} *8* ^{Years} *37* ^{Months} *—* ^{Days} *—*
 Sex *Female* Color or Race *White* Birth-place *Pa*
 Occupation *Housewife* Where Residing if not at place of death *—*
 Married, Single or Widowed *Married* Name of Wife or Husband *Geo E. Winters*
 Father's Name *—* *Hartel* Father's Birthplace *—*
 Mother's Maiden Name *Dollie Burger* Mother's Birthplace *Pa*
 Name of person giving information *Geo Winters* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Endocarditis -* How long *4 years.*
 Immediate *Shock from child Birth -* How long *3 hours.*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *V. Clinton D. Miller Jr.*
 Address *Hagerstown, Md.*
 Accident or Suicide? *no*

J. E. Green

Middlebury

Name
in
Full

CERTIFICATE OF DEATH

Elwood Wayne Zinkand
Town *Hagerstown* County *Washi.*

MARYLAND

Died at *Hagerstown*
Date of death 1907 Month *1* Day *16* Age *4* Years Months *4* Days

Sex *male* Color or Race *white* Birth-place *MD*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *John Zinkand* Father's Birthplace *MD.*

Mother's Maiden Name *Mary Marshall* Mother's Birthplace *"*

Name of person giving information *John Zinkand* How related to deceased *father*

CAUSES OF DEATH

Primary *Pneumonia* (93) How long *4 days*
meningitis How long

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W B Morrison*

Address *Hagerstown MD.*

Accident or Suicide? *No.*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

